BURGH OF PAISLEY

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1964

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With

Dr. Kennedy Campbell's

Compliments

dical Officer of Health,
ublic Health Department,
20 Back Sneddon Street,
Paisley

TO THE SECRETARY OF STATE FOR SCOTLAND, and
THE PROVOST, MAGISTRATES AND COUNCILLORS OF THE BURGH OF PAISLEY.

Nineteen sixty-four was a year of mixed fortune. Certain of the indicators by which the health of the community is measured showed an improvement while others did not. For example the over-all death rate was reduced, but the infantile mortality increased. The deaths from epidemic diseases fell to *nil*, but the number of cases of pulmonary tuberculosis increased. Similar variations were found in other spheres and looking back it would appear that 1964 will emerge as a holding operation while a re-assessment of the Department's activities was carried out.

Public Health is no longer only a matter of combating infectious disease. It is designed to create the best possible environment where people can live in happiness and health. Many of the activities of the Health Department reflect this new approach and future developments will be based on this concept. It is obvious that such a goal can only be achieved by the closest possible co-operation between all the branches of the National Health Service, and in Paisley we are fortunate in having achieved this rather difficult position. An example of this co-operation can be given. A man fell ill with a virus infection which left him completely paralysed. After a lengthy period of treatment the Hospital Authorities felt that his recovery was maximal, and that with appropriate supervision he could be enabled to live at home. Discussions took place between the General Practitioner Service, the Professor of Infectious Diseases and the Medical Officer of Health, with the result that the patient came home to be nursed by the Home Nursing Service and to be attended to by the family doctor. The expensive installation of oxygen which the patient required to breathe was donated by the Scottish Home and Health Department, and the patient's own family bought an electric bed to facilitate nursing. All these complicated arrangements were worth while because the patient is now living a reasonably normal life at home, and a hospital bed has been made available for another person.

In 1964 a number of schemes were commenced but will not be in operation until 1965. Provision has been made for a new Day Nursery which should help to reduce the lengthy waiting list of children. New Residential Units for the fit elderly are planned and a Unit for the frail elderly will soon be commenced.

A Mothercraft and Homecraft Centre for problem families is being opened shortly and should be very useful in helping to rehabilitate these unfortunate people.

Certain of the Health Visitors have been seconded on a part-time basis to General Practitioners, and the experiment has proved to be very successful. It will be extended to all the Doctors in the town as circumstances permit.

Cold can be a killer in the very old and the very young. Each of the Health Visitors and Midwives has been issued with a low temperature reading thermometer to detect hypothermia in the elderly and in newly born babies. The Ministry of Health's request that buildings designed for the elderly should maintain a temperature of 70°F in all rooms is also being observed.

Mental Health remains a constant concern. There are many people who suffer from anxiety and anything that the Health Department can do to allay these fears will help the wellbeing of the community. Mental Illness is not just a matter of insanity or mental deficiency. A visit from a Health Visitor can do much to assist a mother while the provision of a Home Help can prevent a breakdown in the family. The mental illnesses which feature very frequently in problem families must be assisted by skilled medical aid. Thus mental health counselling has become an integral part of the work of the Health Visitor and the Assistant Medical Officer of Health, and the team of psychiatrists and Public Health staff can now offer the prospect of family psychiatry, which will comprise preventive psychiatry, marriage guidance and child guidance.

These objectives will not all be reached at once, but the plans now being laid will bear fruit in the years to come.

One other matter requires very careful consideration. While the incidence of disease and death has been dramatically reduced in the very young and in the elderly, it remains in the middle age group substantially what it was thirty years ago. Despite the advance of medical science and the discoveries of the chemical industry, general illness in the middle age group remains high. It is unfortunately on this very group in its prime of life and at the peak of its capacity, that the life of the country depends for survival, and many, if not all, the illnesses are preventable. It must therefore be one of the present duties of the Health Department to see that disease and illness in this age group is detected at the very earliest possible moment so that the General Practitioner Service and the Hospital Service may undertake curative action while it is still worthwhile. To this end the Health Department has made plans to carry out routine and regular checks to detect what is now called 'pre-symptomatic illness', i.e. illness before the symptoms have gained so much prominence that a person feels he must attend his doctor. The Health Department is the only branch of the National Health Service which is by training and tradition fitted to carry out this most important task, and it must be accepted that this new branch of preventive medicine lies within its province. A Cytological Service for the detection of cervical cancer in women has been established in Paisley under the auspices of the Health Department. Women aged 30 and over wishing to utilise this Service are examined by a Local Authority doctor or a doctor from the Family Planning Clinic and a specimen obtained. This specimen is examined by the local Hospital Pathological Service and the results are forwarded by the Health Department to the patient's family doctor. The response to this Service has been very gratifying and there is no doubt that it has brought peace of mind to a large number of women. On the comparatively rare occasion when a specimen is found to be abnormal the patient is referred by the family doctor to the Area Consultant Obstetrician, who undertakes the appropriate treatment. In this way a well organised Service is made available to the public and each branch of the National Health Service is aware of what is happening. Furthermore the best interests of the patient are served, because treatment, if required, is instituted at the earliest possible moment.

The Diabetic Survey which commenced in 1963 is being continued and extended to take in relatives of known diabetics and also persons known to be susceptible to diabetes in special circumstances, i.e. certain overweight pregnant women.

These are two of the ways in which the diagnosis of 'pre-symptomatic illness' is being undertaken, but it is clear that there is a very wide field still untouched where comparatively simple clinical procedures will be applied to large groups within the community in the near future.

In previous Annual Reports I have given it as my opinion that the emphasis in Public Health is changing and some examples will illustrate this. For instance, in England and in parts of Scotland the Sanitary Inspectorate are seeking to be free of the administrative link which binds them to the Medical Officer of Health. The Childrens' Officers have been given much wider powers under the Childrens and Young Persons Act, 1963, to carry out preventive work in what has hitherto been the undisputed province of Health Departments. General Practitioners also are seeking to deal with both the medical and social care of their patients. These are but three examples and many more can be given where developments could alter the whole concept of the Personal Health Services and cause a reappraisal by Local Health Authorities of the functions which they carry out.

In this Report I have indicated some of the ways in which Public Health Departments might most usefully serve the community, and how the professional skills which are available to these Departments might best be used. The future lies in Prevention both of personal and social illness, and in Paisley the first steps have been taken towards that objective.

KENNEDY CAMPBELL,
Medical Officer of Health.

Public Health Department,
20 Back Sneddon Street,
PAISLEY, *August, 1965.*

STAFF

(At 31st December, 1964)

Medical Officer of Health

Kennedy Campbell, M.A., M.D., LL.B., D.P.H., L.M.

Depute Medical Officer of Health

George A. Mills, M.B., Ch.B., D.P.H.

Assistant Medical Officers

Sylvia J. Strachan, M.D., B.Sc.
Margaret S.L. McCash, M.D., M.M.S.A. (Retired 11/12/64)
Evelyn Forbes, M.B., Ch.B.
Sheila M. Coyle, M.B., Ch.B.

Senior Health Visitor

Miss M. Smith

Health Visitors

Miss D. Arnott,
Miss H. Callan,
Mrs. C. Van Dijk,
Mrs. M. Fleming,
Miss M. Hastings,
Miss M. Henderson,
Mrs. I. Hopkirk,
Miss M. Jamieson,
Miss A. Kemp,
Miss M. Leckie,
Mrs. M. Leonard,
Miss W. Murray,
Mrs. F. McBain,
Mrs. W. McHugh,
Miss A. Macdonald,
Miss A. Paterson,
Mrs. A. Paterson,
Mrs. B. Stewart,
Miss I. Stuart.

Trainee Health Visitor

Mr. J. Spalding.

School Nurses

Mrs. T. Devlin,
Mrs. R. Jackson,
Miss F. Robertson,
Mrs. M. Walker.

Non-Medical Supervisor of Midwives

Miss Morag Campbell

Midwives

Miss A.E. Aitken,
Miss J. Baird,
Miss M.L. Kerr,
Miss M. McBain,
Miss B. McLellan,
Miss M. McPhail,
Miss E. Reid,
Miss I.W. Stevenson,
Mrs. C. Urquhart,
Mrs. A. Wylie,
Mrs. E. Ralston.

District Nurses

Superintendent - Miss A. Todd

Mrs. C. Brown,
Mrs. H. Campbell,
Mrs. H. Eddie,
Mrs. M. Edgar,
Mrs. C. Galt,
Mrs. M. McCallum,
Mrs. S. McKenzie,
Mrs. A. McLennan,
Mrs. J. McWattie,
Miss A. Purves,
Mrs. D. Ross,
Mrs. M.A. Stewart,
Mrs. V. Watson.

Dietitian

Miss B.L. McKenzie

Day Nurseries

Hugh Smiley,	Matron,	Miss M.C. Black.
Douglas Street,	Matron.	Miss N. Brown.
Castle Street,	Matron,	Miss M.M. Morrison.

Chapel House Residential Nursery

Matron, Miss Jessie Cameron.

Domestic Help Service

Supervisor Mrs. A. Rusk

Chiropody Service

Chief Chiropodist - Mr. A.I. Adams.

Mrs. A. Crawford - Senior Chiropodist
Miss G.C. Fraser - Senior Chiropodist
Miss M. Hunter - Senior Chiropodist
Mr. J. Stewart - Senior Chiropodist

Mental Health Officers

Mr. Robert Roxburgh.
Mr. Stephen Miller.
Mr. Eric Mair.

Clerical Staff

Mr. G. Garrod, Chief Clerk.
Miss N. Devlin, Administrative Clerkess.

Mrs. M. Doherty,
Mrs. M. Dumbreck,
Miss M. Fulton,
Miss I. Fraser,
Mrs. D. Gibson.
Mrs. J. Gow,
Miss W. Hunter,
Mrs. E. McCracken,
Mrs. N. McCutcheon,
Mrs. M. McKee,
Miss V. McKelvie,
Mrs. H. Pearson,
Miss Y. Robertson,
Miss M. Tervit,
Miss P. West.

Chief Sanitary Inspector

Mr. John Innes, M.B.E.

Depute Chief Sanitary Inspector

Mr. Robert Gardner

Sanitary Inspectors

Mr. J. Roxburgh,
Mr. H. Waddell,
Mr. D.S. Cameron,
Mr. J. Campbell,
Mr. V.A. Coombes,
Mr. L. Hughes,
Mr. H. Kennedy,
Mr. W. King,
Mr. J.B. Luke,
Mr. R. Munro,
Mr. W.B. Paton,
Mr. C. Souter.

Apprentice Sanitary Inspectors

Mr. Douglas C. Bryant,
Mr. Edgar Peter,
Miss H. O'Neill.

Housing Inspectors

Mrs. E. Mitchell,
Mrs. J. Morrison,
Mrs. M. McCallum,
Mrs. J. MacCorquodale,
Miss J.C. Williamson.

Clerical Staff

Mrs. A.I. Taylor,
Mr. J.N. Baird,
Miss E. Wylie,
Mr. D. Morning.

Rodent Officer

Mr. W. Melvin.

Public Conveniences Supervisor

Mr. J. Vernal.

Technical Assistant - Smoke Control

Mr. J. Armour.

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VITAL STATISTICS

	1963	1964
Population at mid-year	96,699	96,637
Area of Burgh - Acres	6,369	6,369
Density of Population (persons per acre)	15.2	15.2
Birth Rate	21.1	20.9
Death Rate	12.9	11.0
Infant Mortality Rate (per 1,000 Live Births)	25	27
Neo-natal Mortality Rate (per 1,000 Live Births)	14	18
Still-Birth Rate (per 1,000 Total Births)	19	29
Maternal Mortality Rate (per 1,000 Total Births)	0.48	Nil.
Pulmonary Tuberculosis Death Rate	0.18	0.18
Cancer Death Rate	15.92	18.48

POPULATION

The population of the Burgh as estimated by the Registrar General at 30th June 1964, was 96,637 being *a decrease* of 62 from the mid year estimate of 96,699 for 1963.

This estimated figure gives a population density of 15.2 per acre of the Burgh.

BIRTHS

Live Births -

The total number of live births during 1964, corrected for 'transfer' was 2,020 (1,041 males and 979 females) of which 94 or 4.7% were illegitimate births. This figure gives a birth rate of 20.9 per 1,000 of the population compared with a rate of 21.1 in 1963.

The following table shows the birth rate for Paisley, compared with that for the Large Burghs and Scotland, for the years 1955 to 1964.

Live Births

Rate per 1,000 of population

Year	Paisley	Large Burghs	Scotland
1955	18.7	19.2	18.0
1956	19.5	19.8	18.5
1957	19.7	20.3	19.0
1958	21.1	20.9	19.2
1959	20.0	20.3	19.1
1960	21.7	20.6	19.4
1961	21.5	21.0	19.5
1962	22.1	21.3	20.1
1963	21.1	20.6	19.7
1964	20.9	20.9	20.0

The natural increase for the years, i.e., the excess of births over deaths was 954 compared with 788 in 1963

Still Births -

The number of still-births after correction for 'transfer' was sixty, giving a rate of twenty-nine per 1,000 total births compared with a rate of nineteen in 1963

The following table shows the still-birth rate for Paisley, compared with that for the Large Burghs and Scotland, for the years 1955 to 1964.

Still Births

Year	Paisley	Rate per 1,000 of all births Large Burghs	Scotland
1955	30	25	25
1956	28	24	24
1957	25	23	24
1958	24	25	23
1959	26	21	22
1960	24	22	22
1961	20	22	21
1962	26	21	20
1963	19	19	19
1964	29	20	18

Infant Mortality

During 1964 there were fifty four deaths among children under 1 year of age as compared with fifty deaths in 1963. The infant mortality rate for the year was 27.0 per 1,000 live births and compares with the rate of 24 for Scotland, as a whole and 24 for the Large Burghs during the same period.

Year	Infant Mortality Rate per 1,000 Live Births	Still birth Rate per 1,000 Total Births	Neo natal Mortality Rate per 1,000 Live Births	Perinatal Mortality Rate per 1,000 Total Births	
				(a)	(b)
1960	22.2	24	14	38.8	38.8
1961	24	20	18	37.6	38.6
1962	29	26	21	43.6	46.9
1963	25	19	14	31.3	32.7
1964	27	29	18	47.0	48.0

Neo natal mortality refers to deaths under 1 month.
(a) - Still births plus deaths in first week of life.
(b) - Still births plus deaths under 1 month (28 days).

DEATHS OF CHILDREN UNDER 1 YEAR OF AGE

Year	Number	Rate per 1,000 of population Paisley	Large Burghs	Scotland
1955	67	37.7	33.0	30.3
1956	59	31.6	30.1	28.6
1957	55	29.1	30.3	28.5
1958	60	29.4	29.0	27.7
1959	74	38.2	28.7	28.3
1960	47	22.2	27.5	26.3
1961	50	24.0	25.0	26.0
1962	61	29.0	27.0	27.0
1963	50	25.0	28.0	26.0
1964	54	27.0	24.0	24.0

DEATHS UNDER 1 YEAR

Prematurity	17	
Congenital Abnormalities	16	(1 I(a) Uraemia, 7 days. (b) Congenital Hydronephrosis. II Congenital Hydrocephalus. (1 I(a) Broncho Pneumonia. (b) Hydrocephalus. (c) Lumbar Myelomeningocele. II Ectopia Uesica. (1 I(a) Lumbar Meningomyelocele, 3 days. (b) Hydrocephalus. (1 Oesphogeal Atresia. Prematurity. Gastrostomy. (1 Duodenal Atresia - Prematurity. Post-operative adhesion and sub-acute obstruction. (1 Anencephaly. (1 I(a) Broncho Pneumonia. (b) Hydrocephalus. Lumbar Myelomeningocele. (1 Duodenal Atresia and Imperforate Anus. (1 Congenital Heart Disease, 11 months. (1 Herniation of Abdominal contents into Left Pleural cavity. Evantration of Diaphragm. (1 Inoperable Lumbar Meningomyelocele. (1 Broncho Pneumonia. 48 days. Lumbar Myelomeningocele. (1 Congenital Heart Disease. Hypothermia. (1 Broncho Pneumonia. 2 days. Multiple Congenital anomalies. Omphalocele. Left Hand deformity with absent radius, claw hands. Skin Bridge between Eyelids outer 3rd right. (1 Broncho Pneumonia. Congenital (Multiple) Abnormalities. (1 I(a) Total Atelectasis. (b) Coarctation of Aorta.
Asphyxia	9	
Subdural Haemorrhage	1	
Cerebral Birth Trauma	1	
I(a) Cerebral Haemorrhage; (b) Tentorial Tear. II Respiratory Distress Syndrome	1	
I(a) Intestinal Obstruction (Intussusception Ileo Ileal, 5 days); (b) Circulatory Failure	1	
Respiratory Distress Syndrome	1	
Bilateral Broncho Pneumonia, Severe Anaemia	1	
I(a) Cerebral Anoxia; (b) Ante Partum Haemorrhage. II Partial Atelectasis ..	1	
Erythroblastosis Foetalis, 4 days, Rhesus Incompatibility	1	
Hirschspung's Disease. Mongolism ...	1	
Cerebral Anoxia, 1 day. Ante Partum Haemorrhage and Maternal Shock ...	1	
Insertion of Spitz-Hotter Valve for Hydrocephalus, 30 hours. Lumbar Myelomeningocele, 3 months	1	
Broncho Pneumonia	1	

	Number of Deaths		Death Rate per 1,000 live births
	Male	Female	
Under 1 week	21	14	17.3
1 - 2 weeks	-	2	1.0
2 - 3 weeks	-	-	-
3 - 4 weeks	-	-	-
4 weeks - 3 months	6	4	4.9
3 months - 6 months	2	1	1.5
6 months - 9 months	2	1	1.5
9 months - 12 months	-	1	0.5
Total ...	*31*	*23*	*26.7*

MARRIAGES

During 1964 there were 779 marriages within the Burgh. This is equivalent to a rate of 8.1 per 1,000 of population.

For comparative purposes the following table is submitted:-

Year	Number	Rate per 1,000 of population
1955	847	8.9
1956	838	8.7
1957	825	8.6
1958	792	8.2
1959	766	7.9
1960	751	7.7
1961	793	8.2
1962	795	8.2
1963	767	7.9
1964	779	8.1

DEATHS

General

There were 1,066 deaths (564 males and 502 females) from all causes during 1964 compared with 1,251 deaths (654 males and 597 females) in 1963. The death rate for 1964 was 11.0 per 1,000 of population. The death rate in 1964 for the Large Burghs was 11.2 and for Scotland 11.7

A synopsis of the Vital Statistics for the Years 1963 64 is shown below

		1963	1964
POPULATION AND AREA -			
Population, estimated at 30th June		96,699	96,637
Area of Burgh in Acres		6,369	6,369
Density of Population per Acre		15.2	15.2
BIRTHS -			
Total Live Births (including illegitimate Births)		2,039	2,020
	Males ...	*1,041*	*1,041*
	Females ..	*998*	*979*
Birth Rate per 1,000 of population	Paisley ...	21.1	20.9
	Scotland ...	19.7	20.0
	Large Burghs	20.6	20.9
Total Illegitimate Births		84	94
Illegitimate Birth Rate per 100 live births ...	Paisley ...	4.1	4.7
	Scotland ...	5.2	5.4
	Large Burghs	4.6	4.8
Total Still Births		40	60
Still Birth Rate per 1,000 all births	Paisley ...	19	29
	Scotland ...	19	18
	Large Burghs	19	20
DEATHS -			
Total Deaths - All Causes		1,251	1.066
Death Rate per 1,000 of population	Paisley ...	12.9	11.0
	Scotland ...	12.6	11.7
	Large Burghs	12.4	11.2
Total Deaths from Tuberculosis - All forms		17	17
Tuberculosis Death Rate (All forms) per 1,000 ..	Paisley ...	0.18	0.18
	Scotland ...	0.10	0.07
	Large Burghs	0.10	0.09
Total Deaths from Respiratory Tuberculosis		17	17
Respiratory Tuberculosis Death Rate per 1,000 ..	Paisley ...	0.18	0.18
	Scotland ...	0.09	0.07
	Large Burghs	0.09	0.08
Total Deaths from Epidemic Diseases*		9	
Epidemic Diseases Death Rate per 1,000	Paisley ...	0.09	-
	Scotland ...	0.08	0.02
	Large Burghs	0.06	0.02
Total Infant Deaths		50	54
Infant Mortality Rate per 1,000 live births ...	Paisley ...	25	27
	Scotland ...	26	24
	Large Burghs	28	24
Total Neonatal Deaths		28	37
Neonatal Death Rate per 1,000 live births ...	Paisley ...	14	18
	Scotland ...	16.8	16.4
Total Maternal Deaths		1	-
Maternal Death Rate per 1,000 all births ...	Paisley ...	0.48	-
	Scotland ...	0.4	0.2

*Typhoid fever; Cerebro spinal fever; Scarlet fever; Whooping Cough; Diphtheria; Influenza and Measles.

The total number of deaths and the death rate for Paisley, and a comparison with the rate for the Large Burghs and Scotland, for each of the years 1955 to 1964, are given in the following table.

Deaths

		Rate per 1,000 of population		
Year	Number	Paisley	Large Burghs	Scotland
1955	1,090	11.5	12.4	12.0
1956	1,160	12.1	11.5	12.0
1957	1,163	12.1	11.3	11.9
1958	1,187	12.3	11.3	12.0
1959	1,185	12.2	11.5	12.1
1960	1,126	11.6	11.2	11.9
1961	1,217	12.6	11.8	12.3
1962	1,159	12.0	11.7	12.2
1963	1,251	12.9	12.4	12.6
1964	1,066	11.0	11.2	11.7

An analysis of the deaths during 1964 showing causes and age distribution is contained in the following tables.

	Actual Deaths		Percentage of Total Deaths
SYSTEMIC DISEASES -			
Malignant Neoplasms of respiratory system	51		
Malignant neoplasms of lymphatic and haematopoietic tissues	16		
Other malignant neoplasms	130		
Benign and unspecified neoplasms	2		
Diabetes Mellitus	2		
Anaemias	5		
Other general diseases	4		
Vascular lesions affecting central nervous system	167		
Other Diseases of Nervous System	10		
Chronic Rheumatic Heart Disease	6		
Arteriosclerotic Heart Disease, including Coronary Disease	263		
Degenerative Heart Disease	79		
Other Diseases of Heart	17		
Hypertensive Heart Disease	15		
Other Hypertensive Disease	5		
Other Circulatory Disease	30		
Pneumonia (except of Newborn)	28		
Bronchitis	42		
Other Respiratory Diseases	2		
Ulcer of Stomach and Duodenum	18		
Appendicitis	2		
Intestinal obstruction and hernia	10		
Gastritis,, duodenitis, enteritis and colitis (except diarrhoea of newborn)	4		
Cirrhosis of Liver	8		
Other Diseases of Liver	2		
Other digestive diseases	5		
Nephritis and Nephrosis	4		
Hyperplasia of prostate	1		
Infections of Kidney	9		
Other diseases of genito-urinary system	4		
Diseases of skin and organs of locomotion	3	944	88.6
INFECTIOUS AND CONTAGIOUS DISEASES -			
Tuberculosis of respiratory system	17		
Other infective and parasitic diseases	1	18	1.68
DISEASES OF INFANCY -			
Congenital malformations of nervous system and sense organs	8		
Congenital malformations of circulatory system	6		
Other congenital malformations	6		
Birth injuries, postnatal asphyxia and atelectasis	16		
Infections of the newborn	1		
Other diseases peculiar to early infancy and immaturity unqualified	9	46	4.3
DISEASES ASSOCIATED WITH PREGNANCY		-	
OTHERS -			
Senility without mention of psychosis	2		
Motor Vehicle accidents	15		
Accidents in the Home	19		
Other violence	13		
Suicide and self-inflicted injury	9	58	5.4
Total		*1,066*	

	Actual Deaths	Percentages of all deaths
Under 4 weeks	37	3.5
4 weeks upwards	17	1.6
1 year do.	5	0.5
5 years do.	5	0.5
10 years do.	1	0.1
15 years do.	8	0.7
25 years do.	13	1.2
35 years do.	45	4.2
45 years do.	82	7.7
55 years do.	198	18.6
65 years do.	290	27.2
75 years do.	280	26.2
85 years do.	85	8.0
Total	*1,066*	

CONTROL OF INFECTIOUS DISEASES

GENERAL -

During 1964, 1,693 cases of infectious disease came to the notice of the Public Health Department. This was *a decrease* of 328 on the 1963 figure of 2,021.

Such cases become known through statutory notification by general medical practitioners and hospital medical officers and by information supplied by schools and health visitors.

The statutory notifiable diseases are -

Anthrax
Cerebro Spinal Fever
Cholera
Continued Fever
Diphtheria and Membranous Croup
Dysentery
Encephalitis Lethargica
Erysipelas
Jaundice, Acute Infective
Leprosy
Malaria
Ophthalmia Neonatorum
Plague
Pneumonia, Acute Influenzal
Pneumonia, Acute Primary
Poliomyelitis
Puerperal Fever
Puerperal Pyrexia
Scarlet Fever
Smallpox
Tuberculosis
Typhus
Typhoid Fever
Paratyphoid Fever
Whooping Cough
Food Poisoning
(Notifiable from 1st August 1956).

SPECIFIC DISEASES -

CEREBRO SPINAL FEVER -

Four cases of this disease were notified in 1964 compared with eleven cases in 1963. There were no deaths.

DIPHTHERIA -

For the eleventh calendar year in succession no cases of this disease were confirmed within the Burgh. The trend of this disease is fully analysed in another section of this Report which deals with 'Vaccination and Immunisation'.

DYSENTERY -

In 1964 there were eighty-one notifications of this disease, as compared with 151 notifications during 1963. There were no deaths.

ERYSIPELAS -

There were five notifications of this disease during the year compared with one in 1963. There were no deaths.

OPHTHALMIA NEONATORUM -

There were no cases of ophthalmia notified in 1964 or in 1963.

PNEUMONIA - ACUTE PRIMARY -

During the year 124 cases of this disease were notified as against 162 cases notified in 1963. There were twenty eight deaths during the year

PUERPERAL FEVER AND PYREXIA

There were no cases of puerperal fever or puerperal pyrexia notified in 1964.

POLIOMYELITIS -

There were no cases of paralytic poliomyelitis notified in 1964 or 1963 The subject of vaccination against poliomyelitis is reported in the section 'Vaccination and Immunisation'.

SCARLET FEVER

Twenty-five cases were notified during the year compared with fifteen notifications in 1963. There were no deaths.

TUBERCULOSIS -

Sixty-nine cases of respiratory tuberculosis were notified and confirmed during 1964, compared with sixty-two cases in 1963. There were seventeen deaths during the year compared with seventeen deaths the previous year.

There were three notifications, as compared with seven in 1963 of the non respiratory type of the disease. There were no deaths.

TYPHOID AND PARATYPHOID FEVER -

There were no cases of enteric fever notified during 1964 or 1963

WHOOPING COUGH

During 1964 seventy-nine cases were notified as against 169 cases notified in 1963. There were no deaths.

FOOD POISONING -

During 1964, thirty-three cases of food poisoning were notified as against twenty-three notifications in 1963

VENEREAL DISEASES -

The investigation and treatment of these diseases is carried out at the Special Treatment Centre, Royal Alexandra Infirmary Annexe Their incidence during 1964 can be gauged from an analysis of the new cases coming to the Centre during the year and this is shown in the Table below -

	Syphilis		Gonorrhoea		Soft Sore		Non-Specific Venereal Infection		Conditions other than V.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year ...	-	-	-	-	-	-	-	1	-	-	-	1
1 - 4 years ...	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14 years ...	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24 years ...	2	-	18	1	-	-	15	7	2	3	37	11
25 - 34 years ...	-	-	5	-	-	-	10	-	5	1	20	1
35 and over ...	5	2	7	-	-	-	6	1	4	-	22	3
Total new Cases	*7*	*2*	*30*	*1*	-	-	*31*	*9*	*11*	*4*	*79*	*16*

The trend of the various venereal diseases is shown in the following figures -

	Syphilis		Gonorrhoea		Non-Specific Venereal Infections	
	Male	Female	Male	Female	Male	Female
1938	27	12	101	29	30	1
1946	37	25	78	24	41	-
1956	4	1	26	6	23	3
1957	4	3	23	3	21	3
1958	1	1	31	2	23	5
1959	6	4	17	2	21	-
1960	6	3	27	5	16	4
1961	3	3	13	2	28	6
1962	5	.	23	5	34	3
1963	5	5	31	4	20	6
1964	7	2	30	1	31	9

INCIDENCE OF NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS DISEASES

	Cases removed to Hospital		Under 1 year		1 - 4 years		5 - 14 years		15 - 24 years		25 - 34 years		35 - 44 years		45 - 64 years		65 years and over		Total		1964	
	63	64	63	64	63	64	63	64	63	64	63	64	63	64	63	64	63	64	63	64	Inc.	Dec.
NOTIFIABLE -																						
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebro-spinal Fever	11	4	2	2	6	2	1	-	1	-	1	-	-	-	-	-	-	-	11	4	-	7
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Continued Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	37	18	6	12	54	22	27	12	12	14	31	10	6	3	12	5	3	3	151	81	-	70
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	1	2	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	3	1	5	4	-
Jaundice - Acute Infective	6	16	-	-	1	-	8	20	-	2	2	2	-	-	-	1	-	-	11	25	14	-
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia - Acute Influenzal	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	-	3
- Acute Primary	156	117	12	6	7	6	17	11	5	6	14	8	13	8	49	31	45	48	162	124	-	38
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	2	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	-	-	2
Scarlet Fever	-	7	-	-	2	6	12	16	1	2	-	-	-	-	-	1	-	-	15	25	10	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Respiratory	48	55	-	-	2	3	1	6	7	8	15	9	14	6	17	27	6	10	62	69	7	-
- Non-Respiratory	4	1	-	-	-	-	2	-	1	-	2	-	2	3	-	-	-	-	7	3	-	4
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C/f. ...	267	220	20	20	72	39	68	66	28	32	66	29	35	20	78	66	58	64	425	336	35	124

INCIDENCE OF NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS DISEASES *(continued)*

	Cases removed to Hospital		Under 1 year		1 - 4 years		5 - 14 years		15 - 24 years		25 - 34 years		35 - 44 years		45 - 64 years		65 years and over		Total		1964	
	63	64	63	64	63	64	63	64	63	64	63	64	63	64	63	64	63	64	63	64	Inc.	Dec.
B/f. ...	267	220	20	20	72	39	68	66	28	32	66	29	35	20	78	66	58	64	425	336	35	124
NOTIFIABLE (contd.) -																						
Paratyphoid A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	9	8	24	10	51	19	92	50	1	-	1	-	-	-	-	-	-	-	169	79	-	90
Gastro Enteritis	37	42	20	24	8	12	2	-	2	-	5	1	2	1	5	1	4	5	48	44	-	4
Food Poisoning	1	2	1	2	4	2	1	1	1	7	9	2	6	6	1	11	-	2	23	33	10	-
Enteritis	5	10	-	3	4	3	1	-	2	1	2	3	1	1	2	-	-	-	12	11	-	1
Pyogenic Meningitis	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
Psittacosis	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	1	-	4	4	-
Undulant Fever	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-
Pemphigus Neonatorum	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Encephalitis	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
NON-NOTIFIABLE -																						
Chickenpox	-	11	-	3	3	7	289	119	-	-	-	-	-	-	-	-	-	-	292	129	-	163
Measles	7	9	-	1	13	18	361	127	-	-	-	1	-	-	-	-	-	-	374	147	-	227
Mumps	2	6	-	-	14	20	297	700	1	3	1	-	-	-	-	-	-	-	313	723	410	-
Pneumonia (other than above)	170	118	74	26	25	17	1	3	1	1	1	-	2	4	13	25	70	46	187	122	-	65
Rubella	3	1	-	-	-	4	173	59	1	-	1	-	1	-	-	-	-	-	176	63	-	113
Total ...	*503*	*430*	*140*	*90*	*194*	*141*	*1,286*	*1,125*	*37*	*44*	*86*	*37*	*47*	*32*	*99*	*106*	*132*	*118*	*2,021*	*1,693*	*461*	*789*

TYPHOID FEVER

The large outbreak of Typhoid Fever in Aberdeen had its repercussions in Paisley. Although there were no cases, there were numerous contacts to be supervised. One hundred and twenty-eight contacts were investigated and although most were of little importance, others had to be watched carefully.

Sixty-four specimens were taken including nineteen blood cultures. Thirty-eight visits were paid by the Sanitary Inspectors and eleven by Medical Officers.

The danger passed fortunately, but the emergency imposed considerable extra work on the staff.

FOOD POISONING

The number of cases of food poisoning was about the same as in 1963, but there was one minor outbreak of interest.

One morning a report was received from a school kitchen that eight members of the staff had suffered from diarrhoea, the onset of symptoms being about 3 a.m. Investigation showed that each person had eaten cold roast meat the previous day. No other factor was common to all, other than the cold roast.

The meat had been purchased raw two days before, cooked, cooled overnight on open trays, then put in the refrigerator for a few hours to firm it for slicing. Some of the meat was used, and the remainder returned to the refrigerator for use the next day.

Samples of all the meat in the kitchen were examined and heat resistant Clostridium Welchii was isolated from one sample. Stool samples from all the staff in the kitchen were examined and eleven were found to be positive for heat resistant Cl. Welchii. Six of these were from persons who had symptoms and the other five were from persons who had eaten the cold roast, but had no symptoms.

The kitchen was closed for a week, and arrangements made for emergency feeding. Cleansing of the kitchen was carried out, and when it re-opened only staff were employed who were found to be bacteriologically negative.

The incident shows once again how food preparation and handling must be scrupulously correct to avoid food poisoning.

HEALTH CLINICS

Health Clinics appear to have regained popularity, especially with General Practitioners, who see in them a solution to their problems of surgery upkeep and isolation from hospitals. Whether in fact this is so remains to be seen, but it would certainly be one way of bringing general practitioners and Local Authority staff closer together.

The Executive Council for Renfrewshire furnished a summary of evidence to the Bruce Committee, and amongst their recommendations they suggested a Health Centre. This proposal is still being actively pursued.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS -

During 1964 the Local Health Authority continued to provide Clinic facilities at several centres throughout the Burgh as follows:-

	Ante-Natal Sessions	Post-Natal Sessions
Russell Institute, Causeyside Street ..	4	1
Ferguslie Clinic, Ferguslie	1	-
Mossvale Church, Greenock Road	1	-
Glenburn Clinic, Glenburn	1	-
Barscube Clinic, Hunterhill	1	-
Foxbar Clinic, Foxbar	1	-
Total	9	1

In all, these ante-natal clinics were attended by 1,300 expectant mothers and the total number of attendances made by them was 6,255. The number of post-natal mothers who attended for check-up following confinement was 153.

Statistics relating to these Clinics are contained in the Tables below:-

Ante-Natal Consultations	Russell Institute Clinic	Ferguslie Clinic	Mossvale Clinic	Glenburn Clinic	Barscube Clinic	Foxbar Clinic	Total
Number of Expectant Mothers attending	1,363	366	146	136	92	191	2,294
Made up - New Cases	584	166	65	58	41	80	994
Re-attending	779	200	81	78	51	111	1,300
Total Number of Attendances	3,871	715	376	381	275	637	6,255
Number of Cases referred to Hospital	61	18	7	5	2	9	102
Source of New Cases -							
General Medical Practitioners ...	544	139	52	41	22	78	876
Midwife	-	-	-	-	-	-	-
Health Visitor	-	-	-	-	-	-	-
Own Accord	39	27	13	17	19	2	117
Referred from Hospital	1	-	-	-	-	-	1

Mothercraft Classes

Total Number of Cases attending ...	107
Total Attendances	296

Post-Natal Consultations

Total Number of Cases attending	153
Total Attendances	159

CHILD WELFARE CLINICS -

During the year Child Welfare Clinics were conducted from the following Centres -

	Sessions
Russell Institute	5
Ferguslie Clinic	2
Mossvale Church	1
Glenburn Clinic	9
Barscube Clinic	9
Foxbar Clinic	2
Total	*28*

A total of 4,073 children attended these Clinics during the year, and the total number of attendances was 19,575

The testing of children by the Health Visitors to detect urinary phenylketonuria was commenced in 1960. Phenylketonuria, if undetected, can lead eventually to mental deficiency. Three thousand seven hundred and thirty three tests have been done by Health Visitors but no positive results have been found. One child was tested in hospital and found to have this condition.

The statistics relative to Child Welfare and Special Clinics for 1964 are given in the Table below -

CHILD WELFARE CONSULTATIONS	Number of Children who attended the Clinics for the first time during the Year			Total Number of Attendances made during Year		
	Born in 1964	Born in 1963	Born 1959-62	Born in 1964	Born in 1963	Born 1959-62
Local Health Authority Clinics .. Total	1,418	1,183	1,472	7,687	7,130	4,758
Clinics -						
Russell Institute	654	526	477	3,527	3,296	1,378
Ferguslie	226	185	343	962	938	1,092
Mossvale	84	69	137	446	347	594
Barscube	107	75	127	605	452	483
Glenburn	133	124	142	743	650	421
Foxbar	214	204	246	1,404	1,447	790

DAY NURSERIES -

During 1964 the Town Council continued to provide 160 places in Day Nurseries for children under 5 years of age.

There were 170 admissions and 148 children ceased to attend. These admissions and dismissals were as follows:-

	Admissions				Dismissals			
	Babies	Tweenies	Toddlers	Total	Babies	Tweenies	Toddlers	Total
Castle Street,	21	26	20	67	11	14	34	59
Hugh Smiley,	14	9	13	36	5	9	22	36
Douglas Street,	13	46	8	67	9	20	24	53

The incidence of Infectious Diseases was as follows:-

	Rubella	Mumps	Dysentery	Whooping Cough	Measles	Chicken-pox	Haemolytic Strep.
Castle Street ...	2	-	12	-	4	7	-
Hugh Smiley ...	-	25	-	1	14	5	15
Douglas Street ..	1	12	7	-	3	13	-
	3	*37*	*19*	*1*	*21*	*25*	*15*

	Admissions				Dismissals			
	Babies	Tweenies	Toddlers	Total	Babies	Tweenies	Toddlers	Total
Crosslet House, Dumbarton,	3	-	-	3	3	-	-	3

CHAPEL HOUSE RESIDENTIAL NURSERY -

During 1964, ninety children (nine under 1 year; fifty-eight aged 1 - 3 years; twenty-three aged 3 - 5 years) were admitted to the Nursery and ninety-one were dismissed.

The reasons for these ninety children being admitted were as follows:-

1. Mother going into Hospital -	(a) Confinement	27
	(b) Surgical Operation	10
	(c) Sanatorium Treatment ...	1
	(d) Mental Illness	15
	(e) Medical Treatment	8

2. Mother requiring holiday and rest	4
3. Child deserted	4
4. Transfer from Hospital	15
5. Child awaiting adoption	2
6. Homeless child	1
7. B.C.G. Segregation	1
8. Parents arrested by Police	1
9. Awaiting Boarding-out	1

An analysis of the ninety-one children dismissed from the Nursery during 1964 shows that the average length of stay per child was five and a half weeks. Details of length of stay are as follows:-

Under 1 week	8	9-10 weeks ...	1
1-2 weeks	17	10-11 weeks ...	1
2-3 weeks	19	11-12 weeks ...	3
3-4 weeks	6	12-13 weeks ...	-
4-5 weeks	12	13-14 weeks ...	-
5-6 weeks	5	14-15 weeks ...	-
6-7 weeks	5	15-16 weeks ...	2
7-8 weeks	3	Over 16 weeks ...	8
8-9 weeks	1		

NURSERY SERVICE

	Approved for Training	No. of Approved Places		No. of Children on Register at end of year		Average Daily attendances during year		Waiting lists at end of year	
		Years 0-2	2-5	Years 0-2	2-5	Years 0-2	2-5	Years 0-2	2-5
Chapel House Residential Nursery	Yes	10	10	3	3	4	5	2	-
Castle Street Day Nursery ..	Yes	15	45	14	51	13	45	48	84
Hugh Smiley Day Nursery ...	Yes	20	30	20	32	20	26	30	36
Douglas Street Day Nursery .	Yes	20	30	18	38	16	31	60	45

Twenty-three Handicapped Children were admitted to the three Day Nurseries in 1964.

Mental Retardation (4 Severe) ...	13	
Mongolism	3	
Epilepsy	1	
Maladjustment	2	
Spastic Paralysis	2	
Autism	1	
Congenital Valvular Disease of Heart	1	23

Seventeen of these children were tested on the Griffith's Mental Development Scale either before or after admission to the Nursery. Number of handicapped children referred for hospital consultation was thirteen.

Student Nursery Nurses -

Seven Students were presented in 1964 for Nursery Nurses Certificate.

Five Students passed both Written and Practical Examinations. (Three with Merit).

Two Students were presented for Practical Examination only.

DEVELOPMENTAL ASSESSMENT CLINIC

The baby assessment clinic has now been in operation for five years, and a wealth of information has been gained. The children seen at the clinic are usually referred by their own doctors or by health visitors, but a number are seen at the request of a parent.

The work is highly specialised and takes a great deal of time and patience. Its value can be measured by the numbers attending at the clinic.

The test used is mainly that devised by Dr. Griffiths. Many of the children tested are as young as three months old, but even at this early stage, a sound forecast of their future development can be made

GRIFFITH'S TESTS 1960/1964

1960	
No. of Cases	31
No. of Tests	36
Distribution of Cases	
Normal	10
Markedly Retarded	9
Premature (Low Average)	4
Cerebral Palsy (Both Mentally Retarded)	2
Mongol (Retarded)	1
Cretin (Slow eventually normal) ...	1
Coeliac Disease (Slow eventually normal)	1
Speech Retardation (Dull)	1
Maternal Deprivation (Dull)	1
Epilepsy (Normal)	1

1961	
No. of Cases	32
No. of Tests	45
Distribution of Cases	
Normal	7
Grossly Mentally Handicapped	1
Premature (Retarded)	11
Cerebral Palsy (Normal)	1
Cerebral Palsy (Retarded)	2
Mongol (Retarded)	1
Speech Retardation	8
Overweight and Retardation	1

1962	
No. of Cases	18
No. of Tests	34
Distribution of Cases	
Normal	7
Markedly Retarded	5
Cerebral Palsy (Normal)	1
Cerebral Palsy (Retarded)	1
Mongol (Retarded)	1
Dwarfism (Low Average)	1
Spina Bifida (Retarded)	1
Speech Retardation	1

1963	
No. of Cases	35
No. of Tests	39
Distribution of Cases	
Normal	10
Markedly Retarded	23
Cerebral Palsy (Normal)	-
Cerebral Palsy (Retarded)	2
Mongol (Retarded)	-
Dwarfism (Low Average)	-
Spina Bifida (Retarded)	-
Speech Retardation	-

1964	
No. of Cases	21
No. of Tests	22
Distribution of Cases	
Normal	4
Markedly Retarded (G.Q. below 70) ...	7
Slightly Retarded (G.Q. 70 - 90) ...	7
Mongol (All low grade)	3

CHILDREN 'AT RISK'

The scheme for registration of babies 'at risk' has now been in force for two years. Most stress has been laid on cases arising within pre, and peri-natal categories, and a great deal of the necessary information is obtained from the maternity hospitals who most willingly co-operate.

Some of the children originally placed on the register have been removed because it is obvious that they are normal. On the other hand, some children not originally thought to be 'at risk' have been placed in this category because of special circumstances.

The following table gives an analysis of the reasons for registration of the 213 'at risk' babies in Paisley at the end of 1964.

(No. of births corrected for transfer, etc. - 2,020).

'At Risk' Babies	Born in 1964
Reason	Total
Prematurity	40
Instrumental Delivery	6
Anoxia	50
Foetal Distress	41
Pre-eclampsia	16
Dystocia	1
Malpresentation	16
Placenta Praevia	6
Rh. Sensitisation	7
Others*	10
Eclampsia	2
Ante-Partum Haemorrhage	3
Post-Maturity	2
Prolonged Labour	4
H.D. of Newborn	1
Hypertension	1
Jaundiced	7
Total	*213*

*Others -

Placental Insufficiency;	Precipitate Labour;
Pre-Diabetic, Large Baby;	Cerebral Irritation (2);
Neo-natal Hypothermia;	Kahn + ve (2);
Hydramnios;	Convulsions.

ANALYSIS OF KNOWN HANDICAPPING CONDITIONS PRESENT IN CHILDREN UNDER 5 YEARS OF AGE IN 1964

Speech Defect (necessitating Speech Therapy)		28
Mental Retardation - Severe	23	
Less Severe	25	48
Congenital Heart Disease		39
Cerebral Damage - Cerebral Palsy - Severe	3	
Less Severe	9	12
Spinal Cord Defect - Spina Bifida - Operation - Walking	3	
Drainage - Not Walking	7	
No Operation - Not Walking	3	
No Operation - Walking	1	14
Talipes Equino Varus		14
Minor Physical Defects		13
Mongolism		13
Cleft Palate	5	
Hare Lip and Cleft Palate	5	10
Deafness		8
Epilepsy		2
Congenital Dislocation of Hip		6
Congenital Cataract		4
Convulsions - Frequent (On Drugs)	11	
Febrile	31	42
Albinism		4
Pancreatic Disorder		4
Haemophilia		2
Phenylketonuria		3
Coeliac Disease		2
Thyroid Deficiency		3
Hypocalcaemia		2
Autism		1
Paralysis due to Poliomyelitis		4
Gaucher's Disease		1
Foot Deformity		1
Thalidomide Defects		2
Multiple Congenital Abnormality		2

ANCILLARY SERVICES -

The Town Council continued during 1964 to provide certain Specialised Services in conjunction with its ante natal, post natal and Child Welfare Clinics.

There was one Dental Clinic a week at which examinations and conservative treatment were carried out by dentists employed by Renfrew County Education Committee in their School Dental Service

In all fifty-five persons, twenty-three adults and thirty-two children were examined and of these twenty-three adults and thirty-two children were treated by the dental officers.

DENTAL CLINIC -	
Number inspected by Dental Officer during year	55
(a) Expectant Mothers	8
(b) Nursing Mothers	15
(c) Pre-school Children	32
Number found to require treatment (a) Expectant Mothers	8
(b) Nursing Mothers	15
(c) Pre-school Children	32
Number accepting treatment (a) Expectant Mothers	8
(b) Nursing Mothers	15
(c) Pre-school Children	32
Number treated by Dental Officer during year (a) Expectant Mothers	8
(b) Nursing Mothers	15
(c) Pre-school Children	32
Number referred to G.P. Dentists during year (a) Expectant Mothers	-
(b) Nursing Mothers	-
(c) Pre-school Children	-
Number of extractions by Dental Officer - Mothers	11
Children	17
Number of conservations by Dental Officer - Mothers	52
Children	27
Number of dressings by Dental Officer - Mothers	52
Children	22
Number of Dentures supplied during year - Ante-natal	-
Post-natal	-

The Artificial Sunlight Clinic has continued in operation and apart from dealing with children from the Child Welfare Clinics has also dealt with cases referred by Tuberculosis Physicians and the School Medical Officers.

ARTIFICIAL SUNLIGHT CLINIC -	
Total Number of Cases attending	125
New Cases from - Child Welfare Clinics	42
School Health Service	6
Other Sources	28
Cases re-attending from - Child Welfare Clinics	20
School Health Service	14
Other Sources	15
Total Number of Attendances	1,598
Made up - Child Welfare Clinics	595
School Health Service	408
Other Sources	595

In addition to these Specialised Clinics the Local Health Authority continued to implement their scheme for the care of mothers and young children by supplying maternity outfits free of charge to all expectant mothers who were confined in their own homes and layettes for necessitous and exceptional cases. During 1964, 581 maternity outfits and ten layettes were supplied.

WELFARE FOODS -

This was the tenth full calendar year during which the Local Health Authority was responsible for the distribution of welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil, Vitamins A and D Tablets). The Distribution Centre is at - 11 Maxwell Street.

The Paisley Centre is a busy one and the turnover of Welfare Foods considerable On an average the following quantities of food are distributed each week -

National Dried Milk	500 tins	(554)*
Orange Juice	310 bottles	(319)*
Cod Liver Oil	66 bottles	(63)*
Vitamins A and D Tablets	17 packets	(19)*

(*Last year's weekly average)

DOMICILIARY MIDWIFERY

The number of births at home decreased slightly in 1964 and the number of children born in hospital increased. To that extent there was less opportunity for district training of pupil midwives, and this development must be watched carefully.

The Burgh of Paisley provides District Training for Part II pupil midwives from the Glasgow Maternity Hospital, Simpson Maternity Pavilion, Edinburgh, Thornhill Hospital, Johnstone; and Ayr District Hospitals. Several other hospital groups wish to use these facilities, but it is governed by the number of births available on district.

The number of still births increased substantially, but every one occurred in Hospital. This indicates that the district midwives are acutely aware of the indications for hospital admission.

DOMICILIARY MIDWIFERY STATISTICS

Total Number of Births including Still-births occurring in the Area after correction for Mother's residence	2,054
Number of Births in Ross Maternity Hospital	24
Number of Births in Royal Alexandra Infirmary	1
Number of Births in Thornhill Hospital, Johnstone	1,459
Number of Births in Other Areas	104
Number of Births occurring at Home	466
Number of Still-births in Total	60
Cases dealt with under Section 23(2) National Health Service (Scotland) Act, 1947	466
Made up -	
Doctor engaged and present at Confinement	37
Doctor engaged and not present at Confinement	427
Midwife (alone) (no Doctor engaged)	2

PUPIL MIDWIVES TRAINING AT NURSES HOME

Number of Students received during Year		48
Thornhill Hospital, Johnstone	17	
Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh ...	19	
Maternity Section, Ayrshire Central Hospital, Irvine	12	
Number of Resident Students at 31st December, 1964		5
Thornhill Hospital, Johnstone	-	
Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh ...	3	
Maternity Section, Ayrshire Central Hospital, Irvine	2	
Number of Non-Resident Students at 1st January, 1964		1
Number of Non-Resident Students received during Year		14
Number of Non-Resident Students at 31st December, 1964		3

(All Non-Resident Students are from Thornhill Hospital, Johnstone).

DOMICILIARY MIDWIFERY STATISTICS

Total Number of Cases booked	590	
Total Number of Cases attended	613	
Total Number of Cases delivered on District	466	
Total Number of Emergency Cases (not booked) delivered on District (included in above 466)	2	
Total Number of Abortions attended on District	-	
Number of Cases delivered by Midwife only	428	
Number of Cases delivered by Midwife and Doctor	14	
Number of Cases delivered by Midwife requiring Medical Aid	23	
Number of Emergency Cases (not booked) delivered by Midwife only (included in above 428)	1	
Number of Emergency Cases delivered by Doctor only	1	
Conditions requiring medical aid in the above 23 Deliveries -		
Post Partum Haemorrhage	10	
Retained Placentae	3	
Repair of Perineum	2	
Delayed Labour (normal delivery)	1	
Foetal Distress	4	
Feeble Babies	2	
Elevation of Blood Pressure (in labour)	1	23
Total Number of Cases transferred to Hospital in labour (47) -		
Delayed Labour	22	
Premature Labour	6	
Foetal Distress	6	
Malpresentations (Breech, etc.)	13	47
Of the above 47 Cases transferred to Hospital in labour, all were dismissed early in puerperium and nursed at home.		
Number of Cases admitted to Hospital after delivery (7) -		
Obstetric Shock	1	
Retained Placentae	3	
Post Partum Haemorrhage	2	
Curettage	1	7
Of the above 7 Cases admitted to Hospital, all were dismissed early in puerperium and nursed at home.		
Total Number of Cases transferred to Hospital during Ante-natal period (61) -		
Post Maturity	10	
Pre-eclamptic toxaemia	8	
Medical reasons	6	
Rhesus Factor	2	
Malpresentations	13	
Early rupture of membranes	3	
Ante Partum Haemorrhage	14	
Domestic Reasons	3	
Threatened Abortion	2	61
Of the above 61 Cases admitted to Hospital, 44 were dismissed early in puerperium and nursed at home.		
Total Number of Cases cancelled from Domiciliary Midwifery Service (38) -		
Medical Reasons	8	
Domestic Reasons	10	
Twin Pregnancy	2	
Malpresentations	7	
Pre-eclamptic toxaemia	8	
Intra-uterine death of Foetus	3	38

DOMICILIARY MIDWIFERY STATISTICS *(continued)*

Patients transferred to County Service	1
Total Number of Post natal visits (1st fourteen days of Puerperium)	8,264
Total Number of Ante natal visits	9,429
Domiciliary visits paid by Midwives	5,710
Domiciliary visits paid by Doctors	3,719
Clinic visits	-
Total Number of Infants born	466
Total Number of Infants born alive	466
Total Number of Infants still-born	-
Total Number of twins born (sets)	-
Total Number of Neo-natal Deaths	-
Total Number of Infants admitted to Hospital (other than those admitted with mother)	1
Reason for above admission - Blood transfusion (anaemia)	
Maternal Deaths	-
Maternal Morbidity Rate	-
Still-birth Rate	-
Neo-natal Death Rate	-
Total Number of Cases to whom Gas and Air Analgesia was given in labour ...	305
Total Number of Cases to whom Pethilorfan was given in labour	230
Supervisory Visits (outwith all other numbers)	1,225
Total Number of Hospital Cases dismissed early in the Puerperium	350

PREMATURE BIRTHS -

Number of premature births, i.e., where birth weight is 5 lb. 8 oz. or less (as adjusted by any notification of transfer in or out of the area).

Weight at Birth	Premature live births												Premature still-births		
	Born in Hospital				Born at home or in a private maternity home										
					Nursed entirely at home or in a private maternity home				Transferred to hospital on or before 28th day						
	Total Births	Died			Total Births	Died			Total Births	Died			Born		
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home	In private maternity home
2 lb. 3 oz. or less (1)	5	3	2	-	-	-	-	-	-	-	-	-	4	-	-
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (2)	9	4	2	-	-	-	-	-	-	-	-	-	8	-	-
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (3)	20	3	1	-	2	-	-	-	-	-	-	-	6	-	-
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (4)	21	1	-	-	3	-	1	-	-	-	-	-	2	-	-
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (5)	49	1	2	1	17	-	-	-	-	-	-	-	3	-	-
Total	*104*	*12*	*7*	*1*	*22*	-	*1*	-	-	-	-	-	*23*	-	-

(1) 1,000 g. or less: (2) = 1,001-1,500 g.: (3) = 1,501-2,000 g.: (4) = 2,001-2,250 g.: (5) = 2,251-2,500 g.

HEALTH VISITING

It is now fully accepted that the Health Visitor must be a most important and highly trained social worker, and that she will have to deal with many new developments in health promotion in the coming years. With this realisation has come a new approach to the Health Visitor's training. The revised syllabus will ultimately ensure that the newly qualified Health Visitor is better able to deal with the problems facing her on the district.

NUMBER OF VISITS PAID BY HEALTH VISITORS DURING 1964

	No. of Cases	No. of Visits
Expectant Mothers	252	352
Children born in 1964	1,979	9,983
1963	2,863	12,068
1959-62	4,369	12,629
School Children	90	186
Persons aged 65 and over	101	349
Mental Health : Care and After-care	41	90
Other Hospital After-care	145	156
Tuberculous Households	494	2,629
Other Infectious Diseases	103	124
Other	1,422	1,436
Totals	*11,859*	*40,002*

I append herewith a Report on Special After-care Visits made by Health Visitors to children under five dismissed from Hawkhead Infectious Diseases Hospital.

JANUARY - DECEMBER 1964

	1st Visit	
Broncho Pneumonia	31	
Gastro Enteritis	31	
Enteritis	7	
Upper Respiratory Infection	16	
Pneumonia	18	
Bronchitis	20	
Laryngo-Tracheo Bronchitis	5	
Tonsillitis	10	
Tonsillitis and Convulsions	7	
Whooping Cough	12	
Dysentery	9	
Meningitis	6	
Scarlet Fever	2	
Measles	9	
Asthma	5	
Admitted with Mother	4	
Urinary Infection	3	
Statorrhoea	2	
Impetigo	2	
Stomatitis	2	
Primary Tuberculosis	1	
Mumps	2	
Others	17	221

HOME NURSING

The scope of the Home Nursing Service must inevitably broaden, as community provision for the sick is enlarged. During 1964 a far reaching experiment was carried out in social medicine, when a paralysed patient was accepted from hospital and nursed at home. Due to the untiring efforts of the home nurses, the experiment was successful and the patient is now living in as near normal conditions as is possible.

The work of the Home Nursing Service has to continue even though new developments are taking place and the figures shown below indicate clearly the wide range of services provided. In addition, the Marie Curie Nursing Scheme for cancer patients laid additional responsibilities on the service

	1964
Number of Patients attended	793
Number aged 65 and over	469
Number of visits paid	25,183
Number of visits paid to 65 and over	17,194

Diseases	No. of Patients			No. of Visits			Termination of Cases			
	M.	F.	Total	M.	F.	Total	Con-valescence	Transfer to Hospital	Died	Continuing at 31st Decr. 1964
Abdominal	20	30	50	680	583	1,263	35	6	1	8
Accidents	4	10	14	38	178	216	11	2	-	1
Amputations ...	1	2	3	64	111	175	1	-	-	2
Cancer	27	24	51	417	573	990	10	8	28	5
Cardiac	25	40	65	997	1 062	2,059	19	16	19	11
Cerebral Haemorrhage ...	22	52	74	486	1,970	2,456	10	22	22	20
Diabetes	2	33	35	108	5 322	5,430	7	11	1	16
Gynaecological ...	-	1	1	-	3	3	1	-	-	-
Nervous	13	15	28	1 271	1 045	2,316	10	5	1	12
Respiratory ...	39	47	86	459	637	1,096	70	7	1	8
Rheumatism ...	8	19	27	260	973	1,233	6	6	3	12
Operations - Tonsils and Adenoids	-	-	-	-	-	-	-	-	-	-
Senile Decay ...	11	53	64	163	1 802	1,965	14	15	20	15
Other Conditions .	84	211	295	1,198	4 783	5,981	178	40	9	68
Total	*256*	*537*	*793*	*6 141*	*19,042*	*25,183*	*372*	*138*	*105*	*178*

AGE GROUPS OF CASES VISITED DURING 1964

Diseases		No. of Patients	Under 1 year	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-64 years	65 years and over
Abdominal ...	M	20	-	-	2	3	1	3	3	8
	F	30	-	-	-	-	7	5	11	7
Accidents ...	M	4	-	2	-	-	-	-	-	2
	F	10	-	1	-	-	-	-	1	8
Amputations ...	M	1	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	2
Cancer	M	27	-	-	-	-	1	4	10	12
	F	24	-	-	-	-	-	-	11	13
Cardiac	M	25	-	-	-	-	-	1	10	14
	F	40	-	-	-	-	1	2	7	30
Cerebral Haemorrhage ...	M	22	-	-	-	-	-	-	8	14
	F	52	-	-	-	-	1	1	7	43
Diabetes	M	2	-	-	-	-	-	-	1	1
	F	33	-	-	-	-	-	-	4	29
Gynaecological ..	M	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1
Nervous	M	13	-	-	5	2	1	1	2	2
	F	15	1	-	1	-	7	-	3	3
Respiratory ...	M	39	3	1	6	-	1	4	15	9
	F	47	3	8	2	-	7	5	14	8
Rheumatism ...	M	8	-	-	-	-	-	-	3	5
	F	19	-	-	-	1	1	-	4	13
Operations - Tonsils and Adenoids ...	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
Senile Decay ...	M	11	-	-	-	-	-	-	-	11
	F	53	-	-	-	-	-	-	-	53
Other Conditions	M	84	1	8	8	1	3	1	17	45
	F	211	1	7	1	2	17	13	35	135
Totals	*M*	*256*	*4*	*11*	*21*	*6*	*7*	*14*	*69*	*124*
	F	*537*	*5*	*16*	*4*	*3*	*41*	*26*	*97*	*345*

NUMBER AND TYPE OF INJECTION GIVEN BY HOME NURSING SISTERS

	No. of Patients			No. of Visits			Age		Termination of Cases			
	M.	F.	Total	M.	F.	Total	65 years	65 years and over	Con-valescence	Trans-fer to Hos-pital	Died	Contin uing at 31st Decr. 1964
Penicillin .	41	41	82	253	236	489	68	14	73	8	-	1
Mersalyl ...	17	18	35	798	663	1,461	12	23	9	11	6	9
Streptomycin	4	9	13	186	326	512	12	1	10	-	-	3
Imferon ...	6	33	39	85	456	541	21	18	29	4	2	4
Anahaemin ...	-	1	1	-	16	16	-	1	-	-	-	1
Cytamen ...	8	70	78	150	1,925	2 075	17	61	25	7	2	44
Autogen B ...	-	2	2	-	175	175	1	1	-	-	-	2
Insulin ...	1	31	32	99	5,079	5 178	4	28	6	10	1	15
Durabolin ...	-	-	-	-	-	-	-	-	-	-	-	-
Cortisone ...	3	8	11	80	366	446	10	1	-	3	2	6
Morphine Sulphate ...	-	-	-	-	-	-	-	-	-	-	-	-
Other Injections .	8	7	15	537	194	731	14	1	9	1	1	4
Total	*88*	*220*	*308*	*2,188*	*9,436*	*11,624*	*159*	*149*	*161*	*44*	*14*	*89*

DOMESTIC HELP SERVICE

The Domestic Help Service is one of the most important social services which Paisley provides. It is a service upon which there will be an increasing demand, as the population becomes more elderly. Almost two-thirds of all the requests for home helps come from elderly persons, usually living alone, and there is no doubt that if it were not for this service, many elderly persons would have to be admitted to hospital or residential homes.

(i) Number of Domestic Helps employed at end of year ...		126
(a) Whole-time ...	60	
(b) Part-time ...	66	
(ii) Number of Cases for which Helps were provided during year		602
(iii) Number of Cases in (ii) dealt with on account of confinement		99
(a) At home	78	
(b) In hospital ...	21	
(iv) Number of Cases in (ii) provided on account of Chronic Sickness including aged and infirm		401

There were fifty-seven new full-time cases in the year. Ten (17.5%) paid the full cost of the service and of the 308 new part-time cases, forty-six (14.9%) paid the full cost of the service to them. The other cases paid for the service according to the assessment made on their income.

The various categories undertaken during 1964 are shown below:-

	Full-time help	Part-time help	Percentage of all new cases
Aged	1.0%	99.0%	48.2%
Chronic Sick	13.6%	86.4%	2.2%
Tuberculosis	..	100.0%	0.3%
Maternity	48.5%	51.5%	26.8%
Others	7.3%	92.7%	22.5%

PREVENTION OF BREAK-UP OF FAMILIES

A great deal of effort was made throughout 1964 to rehabilitate numerous families who had got into difficulties. A certain amount of success in some cases was gained, but this was offset by disappointment in others. Much of the work was concentrated on solving families' hire purchase commitments, which continue to be a trial to the department.

Plans were made for a non-residential Mothercraft and Homecraft Centre, where problem families could receive specialised and concentrated attention for lengthy periods.

Consideration was also given to the appointment of trained social workers to assist families in need, and a comprehensive plan of social care is in preparation.

VACCINATION AND IMMUNISATION

VACCINATION AGAINST SMALLPOX -

During 1964, 1,692 vaccinations (972 primary and 720 re-vaccinations) were notified as having been carried out within the Burgh.

	Typical Vaccinia greatest at 7th-10th day	Accelerated (Vaccinoid) reaction 5th-7th day	Reaction greatest 2nd-3rd day	No local reaction	Total
Primary ...	936	-	4	32	972
Re-vaccination .	516	43	125	36	720

There were more persons vaccinated during 1964, due probably to the occasional threat of Smallpox imported from abroad. It would be better if vaccination were carried out before contact with the disease especially as holidays abroad are so popular now.

IMMUNISATION AGAINST DIPHTHERIA -

Eleven years have passed since last there was a case of Diphtheria in the Burgh. This outstanding achievement has only been possible by full scale immunisation in childhood, and it is heartening to see the numbers of children immunised increasing each year.

DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-	-
1950	-	-	-	-	-	-
1951	-	-	-	-	-	-
1952	-	-	-	-	-	-
1953	-	1	-	-	-	1
1954	-	7	-	-	-	7
1955	-	49	-	-	-	49
1956	-	90	-	-	-	90
1957	-	172	-	-	-	172
1958	-	190	-	-	-	190
1959	-	9	-	-	-	9
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
Total	-	*518*	-	-	-	*518*

DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-	-
1950	-	-	-	-	-	-
1951	-	-	-	-	-	-
1952	-	-	-	-	-	-
1953	-	5	-	-	-	5
1954	-	40	-	-	-	40
1955	-	279	-	-	-	279
1956	-	512	-	-	-	512
1957	-	706	-	-	-	706
1958	-	965	-	-	-	965
1959	-	19	-	-	-	19
1960	-	2	-	-	-	2
1961	-	-	-	-	-	-
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
Total	-	*2,528*	-	-	-	*2,528*

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-
1950	-	-	-	-	-
1951	-	-	-	-	-
1952	-	-	-	-	-
1953	-	-	-	-	-
1954	-	-	-	-	-
1955	-	-	-	-	-
1956	-	-	-	-	-
1957	-	-	-	-	-
1958	-	-	-	-	-
1959	-	-	-	-	-
1960	-	-	-	-	-
1961	-	-	-	-	-
1962	-	-	-	-	-
1963	-	-	-	-	-
1964	-	-	-	-	-
Total	-	-	-	-	-

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-
1950	-	-	-	-	-
1951	-	-	-	-	-
1952	-	-	-	-	-
1953	-	-	-	-	-
1954	-	-	-	-	-
1955	-	-	-	-	-
1956	-	-	-	-	-
1957	-	-	-	-	-
1958	-	-	-	-	-
1959	-	-	-	-	-
1960	-	-	-	-	-
1961	-	-	-	-	-
1962	-	-	-	-	-
1963	-	-	-	-	-
1964	-	-	-	-	-
Total	-	-	-	-	-

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-
1950	-	-	-	-	-
1951	-	-	-	-	-
1952	-	-	-	-	-
1953	-	-	-	-	-
1954	-	-	-	-	-
1955	-	-	-	-	-
1956	-	1	-	1	2
1957	-	1	-	1	2
1958	-	-	-	-	-
1959	-	1	6	2	9
1960	1	5	10	4	20
1961	5	11	11	2	29
1962	8	20	17	3	48
1963	90	180	140	1	411
1964	255	326	341	3	925
Total	*359*	*545*	*525*	*17*	*1,446*

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-
1950	-	-	-	-	-
1951	-	-	-	-	-
1952	-	1	-	-	1
1953	-	1	-	-	1
1954	-	1	-	-	1
1955	-	2	-	-	2
1956	-	1	-	-	1
1957	-	2	-	-	2
1958	-	6	1	-	7
1959	-	27	1	-	28
1960	2	34	3	-	39
1961	-	2	-	-	2
1962	-	10	-	-	10
1963	-	8	1	-	9
1964	-	-	-	-	-
Total	*2*	*95*	*6*	-	*103*

QUADRILIN IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-	-
1950	-	-	-	-	-	-
1951	-	-	-	-	-	-
1952	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	7	-	-	7
1963	-	-	66	-	-	66
1964	-	-	13	-	-	13
Total	-	-	*86*	-	-	*86*

QUADRILIN IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-	-
1950	-	-	-	-	-	-
1951	-	-	-	-	-	-
1952	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
Total	-	-	-	-	-	-

DIPHTHERIA AND TETANUS IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-	-
1950	-	-	-	-	-	-
1951	-	-	-	-	-	-
1952	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	-	-	-	-
1963	-	-	-	1	-	1
1964	-	-	-	-	-	-
Total	-	-	-	*1*	-	*1*

DIPHTHERIA AND TETANUS IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1949 or earlier	-	-	-	-	-	-
1950	-	-	-	-	-	-
1951	-	-	-	-	-	-
1952	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
Total	-		-	-	-	-

NUMBER GIVEN ORAL POLIOMYELITIS DURING 1964

Year of Birth	1 Dose only	2 Doses only	3 Doses complete course	4th Dose Booster	Total
1950 or earlier	8	10	53	3	74
1951	-	-	-	-	-
1952	1	-	-	-	1
1953	1	-	1	-	2
1954	-	-	1	-	1
1955	-	-	1	-	1
1956	-	-	2	2	4
1957	-	-	1	3	4
1958	7	-	3	1,237	1,247
1959	9	-	10	34	53
1960	7	-	11	-	18
1961	6	8	18	5	37
1962	44	20	92	12	168
1963	71	51	711	80	913
1964	97	53	136	-	286
Total	*251*	*142*	*1,040*	*1,376*	*2,809*

NUMBER WHO COMPLETED COURSE OF ORAL POLIOMYELITIS DURING 1964

Year of Birth	Number given 1 Dose (2 doses given 1963)	Number given 2 Doses (1 dose given 1963)	Total
1950 or earlier	5	1	6
1951	-	-	-
1952	-	-	-
1953	-	-	-
1954	-	-	-
1955	-	-	-
1956	-	-	-
1957	-	-	-
1958	1	-	1
1959	-	-	-
1960	4	3	7
1961	4	1	5
1962	26	9	35
1963	63	64	127
1964	-	-	-
Total	*103*	*78*	*181*

NUMBER GIVEN POLIOMYELITIS INJECTIONS DURING 1964

Year of Birth	1 Injection	2 Injections	3 Injections	4th Injection	Total
1933-1942	-	-	1	-	1
1943-1960	-	-	2	1	3
1961	-	-	-	3	3
1962	-	-	9	1	10
1963	-	5	5	-	10
1964	-	-	-	-	-
Total	-	*5*	*17*	*5*	*27*

Since the introduction of oral poliomyelitis vaccine the use of injectible vaccine has considerably decreased, but is still used under special circumstances. A small supply of this special vaccine is kept in the Public Health Department for use by General Practitioners.

TUBERCULOSIS

The position is fairly static. Improved methods of dealing with cases of tuberculosis, and prompt action with contacts of the disease, tend to reduce the numbers notified, whereas increased case finding activity tends to increase the numbers. After each Mass Miniature Radiography Survey a few undiscovered cases of tuberculosis are added to the list, but this early detection should eventually reduce the pool of infection.

The heaviest incidence fell once again on the 15-64 age group, i.e. during active working life, and it would appear as if temporarily at least childhood infection has ceased to play any significant part in the epidemiology of tuberculosis.

The following table illustrates the trends in the incidence of and the mortality from the disease during the years 1955 to 31st December, 1964.

	Notifications			Deaths			
	Number of Cases		New Cases of Respiratory Disease per 1,000 population	Number of Deaths		Rate per 1,000 population	
Year	Respiratory	Non Respiratory		Respiratory	Non Respiratory	Respiratory Deaths	Deaths from all forms of Tuberculosis
1955	114	20	1.20	19	1	0.20	0.21
1956	97	10	1.01	29	1	0.30	0.31
1957	107	6	1.10	23	1	0.24	0.25
1958	137	5	1.40	15	-	0.16	0.16
1959	38	5	0.40	16	1	0.17	0.18
1960	48	2	0.49	16	-	0.16	0.16
1961	71	9	0.73	18	-	0.19	0.19
1962	76	13	0.78	12	1	0.12	0.13
1963	62	7	0 64	17	-	0.18	0.18
1964	69	3	0 71	17	-	0.18	0.18

In 1964 new cases of Respiratory Tuberculosis notified numbered sixty-nine (0.71 per 1,000) as against sixty-two (0 64 per 1,000) in 1963. The peak year was 1950 with 203 (2.09 per 1,000) new cases notified.

Table A shows the number of tuberculosis cases notified during 1964. These are divided into Respiratory and Non-Respiratory and arranged according to age and sex.

NOTIFICATIONS BY AGE AND SEX

TABLE A.

		Under 1 year	1 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 64 yrs.	65 years and over	Total
Respiratory	Males	-	1	4	4	5	4	21	6	45
	Females ...	-	2	2	4	4	2	6	4	24
	Total	-	3	6	8	9	6	27	10	69
Non-Respiratory	Males	-	-	-		-	2	-	-	2
	Females ...	-	-	-	-	-	1	-	-	1
	Total	-	-	-	-	-	3	-	-	3
RESPIRATORY AND NON-RESPIRATORY	*Males . ...*	-	*1*	*4*	*4*	*5*	*6*	*21*	*6*	*47*
	Females ...	-	*2*	*2*	*4*	*4*	*3*	*6*	*4*	*25*
	Total	-	*3*	*6*	*8*	*9*	*9*	*27*	*10*	*72*

The mortality from Respiratory Tuberculosis during 1964 was 0.18 per 1,000 of population being the same rate as that for 1963.

KNOWN CASES WITHIN THE AREA AND ON TUBERCULOSIS REGISTER

	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Total
At 31st December 1957	990	85	1,075
1958	1,089	89	1,178
1959	1,098	91	1,189
1960	949	93	1,042
1961	947	102	1,049
1962	852	113	965
1963	840	101	941
1964	871	103	974

TABLE B.

Age and Sex distribution of all known Cases within the Burgh at 31st December 1964

		Cases in Age Groups								
		Under 1 year	1 - 4 yrs.	5 - 14 yrs.	15 - 24 yrs.	25 - 34 yrs.	35 - 44 yrs.	45 - 64 yrs.	65 years and over	Total
RESPIRATORY	Males ...	1	2	13	27	83	125	185	44	480
	Females ...	-	6	5	31	113	129	99	8	391
NON-RESPIRATORY	Males ...	-	1	12	12	8	11	4	-	48
	Females ...	-	-	6	8	16	10	10	5	55
RESPIRATORY AND NON-RESPIRATORY	*Males ... ...*									*528*
	Females									*446*
										974

TABLE C.

Number of Persons who died from Tuberculosis within the Burgh during 1964 with particulars of period elapsing between notification and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at death ...	4	-	-	-
Notified less than 1 month before death ...	1	-	-	-
Notified from 1 - 3 months before death ...	1	-	-	-
Notified from 3 - 6 months before death ...	-	1	-	-
Notified from 6 - 12 months before death ...	-	-	-	-
Notified from 1 - 2 years before death ...	-	-	-	-
Notified over 2 years before death	10	-	-	-
Total	*16*	*1*	-	-

TABLE D.

Number of Cases of Respiratory Tuberculosis which received treatment in Sanatoria during the year 1964

		Number of Patients				
		In Sanatoria on 1st January 1964	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31st December 1964
Under 15 years	Males ...	-	5	4	-	1
	Females ..	-	4	1	-	3
15 - 44 years	Males ...	8	22	21	1	8
	Females ..	7	24	27	-	4
45 years and over	Males ...	12	35	30	8	9
	Females ..	-	12	11	1	-
	Males ...	*20*	*62*	*55*	*9*	*18*
	Females ..	*7*	*40*	*39*	*1*	*7*
	Total	*27*	*102*	*94*	*10*	*25*

No cases of tuberculosis were awaiting admission to hospital at the end of 1964.

MASS MINIATURE RADIOGRAPHY SURVEY -

During February and March, 1964, a survey was carried out of shops, factories and industrial workers in Paisley. The opportunity was taken to include a number of Local Authority staff and general public. The administrative details were arranged in co-operation with the Director of the Mass Miniature Radiography to whom thanks are due.

Four thousand two hundred and forty-three persons were examined. One hundred and ten showed some chest abnormality, but no cases of active or probably active pulmonary tuberculosis were recorded in the industrial groups or general public

MASS MINIATURE RADIOGRAPHY SURVEY

PAISLEY BURGH

February/March, 1964

	Food Handlers		Personal Service		Hair-dressers		Publicans		Local Author-ities		Civil Servants		Education Service		Tradesmen		General Public		Large Firms		Other Small Firms		TOTALS					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males		Females		Total	
Numbers examined	292	440	433	909	23	58	34	9	161	330	45	70	6	99	198	10	105	245	355	352	19	50	1,671		2,572		4,243	
Recalled for large film ..	14	13	20	31	1	-	-	1	12	12	2	1	-	4	4	-	6	14	8	21	1	1	68		98		166	
																								o/oo		o/oo		o/oo
Pulmonary Tuberculosis -																												
Active P.T.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1)		-		1)	
? Active P.T.	1	2	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	4)	2.9	2)	0.7	6)	1.6
? Inactive P.T.	1	1	-	3	-	-	-	1	1	1	-	-	-	-	-	-	1	-	2	2	-	-	5)		8)		13)	
Inactive P.T.	2	2	3	6	-	-	-	-	2	-	1	-	-	1	-	-	2	3	4	6	-	-	14)	11.4	18)	9.7	32)	10.3
Known P.T.	-	5	5	5	-	-	1	-	4	5	1	1	-	1	2	-	2	4	1	1	-	-	16	9.5	22	8.5	38	8.9
Total	4	10	9	14	1	-	1	1	7	6	3	1	-	2	3	-	5	7	7	9	-	-	40	23.9	50	18.9	90	20.9
Other Abnormalities -																												
Pulmonary Fibrosis ...	3	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	5		1		6	
? pneumonic condition ...	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	4		-		4	
Pleural thickening ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-		1		1	
? neoplasm	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		-		2	
Bronchial thickening ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2		-		2	
? retrosternal thyroid ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-		1		1	
Acquired heart condition	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-		2		2	
Cardiac Enlargement ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1		1		2	
Total	6	-	1	1	-	1	-	-	2	-	-	-	-	-	-	-	1	3	4	1	-	-	14		6		20	
TOTAL ABNORMALITIES ...	*10*	*10*	*10*	*15*	*1*	*1*	*1*	*1*	*9*	*6*	*3*	*1*	-	*2*	*3*	-	*6*	*10*	*11*	*10*	-	-	*54*		*56*		*110*	

CONTACT CONTROL -

As part of the system of contact control x-ray of all the pupils in Monkshaw Occupation Centre was undertaken Forty three were x-rayed and of these thirty three had negative x-rays The remaining ten were recalled for full plate examination Four of these showed healed lesions and three showed inflammatory changes due to other causes and three showed active tuberculosis

B.C.G VACCINATION -

Vaccination with B C G forms a most useful method of preventing tuberculosis It is especially useful in young children where it has almost entirely eliminated tuberculous meningitis Paisley is fortunate in having a scheme for B C G vaccination of babies and this is actively pursued

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	23	-	2	-	2
Medical Students ...		-	-		-	-
Contacts	112	125	87	95	87	93
School Leavers ...	660	678	543	579	536	576
Newborn Babies ..		-		-	832	745
Students		-	-		-	-
Others	61	57	48	50	47	46
Total	*833*	*883*	*678*	*726*	*1 502*	*1 462*

The percentage of negative reactors in School Leavers (Male and Female) was

Males 82 3%, Females 85 4%

B.C.G VACCINATION IN SCHOOLS 1964

In 1964 as in 1963 all school children who were found to be Mantoux positive were x-rayed in order to make certain that their chests were free from infection

All children born between September, 1950 and June 1951 were offered B C G together with children over this age not already vaccinated and also children of twelve in a school where the majority are over this age

Certain classes which had been in contact with a case of tuberculosis were also offered protection. The tables below show the analysis of the vaccinations carried out in schools as a result.

	Mantoux Tested	Mantoux Positive	Mantoux Negative	Defaulters	Number x-rayed	Number given B.C.G.
Leavers .	1,338	197 (14.7%)	1122 (83.9%)	19 (1.4%)	175	1,112
Contacts	168	29	139	-	52	139
Total	*1,506*	*226*	*1261*	*19*	*227*	*1,251*

Of the 227 school children who were x-rayed, 222 showed negative results. Of the five whose x-rays showed an abnormality, three had a calcified primary complex and two had massive calcification in the para-tracheal region. None showed evidence of active tuberculosis.

REHOUSING OF TUBERCULOUS FAMILIES -

Adequate housing has long been regarded as an essential part of the treatment of tuberculosis, and the Town Council have always given priority where necessary to suitable cases. No case of active tuberculosis is denied proper housing and the Special Cases Committee takes an active interest in this problem. The following figures show the progress which has been made in recent years in rehousing families with tuberculosis.

Waiting List -		
	7th August 1948	266
	31st December 1958	61
	31st December 1959	45
	31st December 1960	24
	31st December 1961	18
	31st December 1962	28
	31st December 1963	30
	31st December 1964	22

Families rehoused -		
	1948	50
	1958	49
	1959	43
	1960	11
	1961	13
	1962	12
	1963	13
	1964	14

CHIROPODY

Staff fluctuations continued to disrupt the Service until July when we succeeded in recruiting a Clinician and again in September, thus completing the Establishment of the Clinic. We are now able to cope with the normal work of the Clinic and there is no time lag between treatments.

A dietary survey of Chiropody patients was taken by the Burgh Dietician and this proved very successful, the patients being most co-operative.

Clinical treatments continue to be largely routine in character and we seldom encounter the chronic cases of a few years ago.

During the year four patients were supplied with Surgical Footwear, two with Surgical Insoles and a case of incipient Gangrene was referred to the Infirmary. Two patients suffering from malnutrition were recommended to the Social Service for Meals-on-Wheels, which they are now receiving. They have expressed their satisfaction of this service. This incident stresses the value of the inter-departmental liaison in the care of the elderly.

We hope in the future to provide a Chiropody Service at the Health Centres in Foxbar, Glenburn and Ferguslie. This would be of great value to the semi-infirm of these areas and would tend to reduce domiciliary visitations. There are a number of patients, who, whilst not qualifying for domiciliary treatment, nevertheless find difficulty in travelling by public transport and there are a few who refuse home treatment and insist on attending the Clinic.

In conclusion, while much useful work has been done, there remains a considerable untapped potential comprising Children, Expectant Mothers and others who do not at present come within our jurisdiction.

The following figures give the statistics for the year -

	Clinics		Domiciliary		Institutional					
					R.A.I. Annexe		Stanely House		Speirsfield House	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
First Visits ...	63	131	17	19	-	-	-	-	-	-
Return Visits ...	1,995	4,475	162	507	95	87	22	68	23	70
Number of Treatments	2,058	4,606	179	526	95	87	22	68	23	70
	Total Treatments							*7.734*		

The total of 7,734 treatments shows a decrease compared with the 9,538 treatments carried out in 1963.

	Total Number of Treatments given	Total Number of sessions worked	Average Number of Treatments given per session	Average Number of Appointments made per session
Local Health Authority Clinics ..	6,664	1,483	4.5	6.0
Domiciliary Visits ..	705	153	4.6	3.3
Institutional Visits	365	47	7.8	7.5

WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT 1948

One nursery registered under the Act closed during 1964.

WORK UNDER THE NURSING HOMES REGISTRATION (SCOTLAND) ACT 1938

One nursing home registered under the Act is open in Paisley. During 1964 statutory visits were paid, and the home was found to be satisfactory.

SCHOOL HEALTH SERVICE - 1963/1964

Under the arrangements whereby the Town Council are responsible to Renfrew Education Authority for the routine work of the School Health Service, the staff at this date consists of four School Nurses and the time equivalent of 1½ School Medical Officers.

One doctor has been employed as a full time Medical Officer in the School Health Service and the time of one half Medical Officer has been supplied by the Assistant Medical Officers and the Depute Medical Officer on a sessional basis. The general statistics for this School Health Service for 1963/1964 are shown in Table I. It will be seen from this Table that 1½ School Medical Officers are responsible for 19,399 school children. This is a case load of 12,932 children per School Medical Officer This figure corresponds with Scottish national average of one School Medical Officer to 7,677 children for 1963/1964 and is also well below the standard in Greenock Burgh and in Renfrew County. The resulting pressure of work is bound to be reflected in the work of the School Health Service. During the year, 5,444 routine medical inspections were carried out by the medical staff as compared with 5,502 the previous year One hundred and fifteen routine medical inspections of older children were not overtaken and were carried forward to the following school year. There was an increase in the numbers of 7 year olds tested by the nursing staff for vision and hearing only The Tables also show a marked increase in the number of re-examinations and a drop in the numbers attending the Medical Officer's clinic. This has been due to an attempt to accommodate the more outlying schools and represents a tendency to save parents and children travelling from the more remote schools to the Russell Institute for re-examination and follow-up. It does, however, eat into the time allocated to routine medical inspection, but is nevertheless a tendency to be encouraged. Insufficient time is being devoted to the follow-up of pupils in this way. It will also be seen that there has been a sharp drop in the numbers of non-routine and cleanliness inspections carried out by the nursing staff, 18,010 having been done this year as against 23,095 in the previous year. This is a reflection on the increasing pressure of work in the School Health Service. Unfortunately, cleanliness inspection is still a necessary part of the routine work in schools which cannot at present be dropped and which is suffering from the increasing load on the staff. Similarly there has been a decrease in the home visits from 268 to 229. The number of home visits should be on the increase rather than on the decrease, as more effort is required to co-ordinate the work at home and in the school in the case of children who suffer from physical disability or maladjustment.

The findings at routine examination and nurses' non-routine examinations in special cases are analysed in Table II and require no further comments.

Specialised clinics are held at the Russell Institute for children referred by the School Health Service in Paisley and in the adjacent County areas. The referrals to those clinics by the Burgh School Health Service are detailed in Table III

Minor Ailment clinics are held at the Russell Institute and Table IV shows the type of ailment dealt with

SCHOOL HEALTH SERVICE

On 16th March 1949, the Town Council became the agents of Renfrew County Education Committee for the routine work of the School Health Service within the Burgh and this they do by employing medical, nursing and clerical staff specifically appointed for these duties. During 1964 the agreed arrangements continued to operate satisfactorily, and the Table shown below contains some facts on the work carried out during the school session 1963/1964 within the Burgh of Paisley.

SCHOOL SESSION 1st AUGUST 1963 to 31st JULY 1964

TABLE I.

GENERAL STATISTICS -		
Population of Area (Paisley)	96,637	
Number of Primary Schools under Education Authority	19	
Number of Secondary Schools under Education Authority	3	
Number of Secondary Schools under Education Authority with Primary Departments	8	
Number of Special Schools serving the Area	3	
Number of Special Classes in Ordinary Schools	-	
Number of Children on the Registers	19,399	
Number of Children in average attendance	17,708	
CLINICAL STATISTICS		
Number of Children examined at Routine Medical Inspections -		
Nursery Schools	102	
Entrants	1,891	
Born 1954	1,373	
1950	1,580	
1947	498	
1956 (Vision and Hearing only)	1 643	
TOTAL NUMBER OF CHILDREN EXAMINED ...	7,087	
Number of Re-examinations	345	
Number of Non-routine Examinations and Cleanliness Examinations ...	18 010	
Number of Home Visits	229	
Number attending Medical Officer s Clinic	840	
Number of Children examined for School Camps	167	
Number of Examinations made for Children attending School Camps ...	326	
TOTAL NUMBER OF EXAMINATIONS ...	*19,917*	
	New Cases	Total Attendances
Number of Children treated at Minor Ailments Clinic for -		
Injuries, Cuts, Bruises, etc.	52	76
Diseases of Ear, Nose and Throat	84	678
Diseases of the Eye	36	123
Diseases of the Skin	461	1,453
Other Conditions	302	-
Totals ..	*935*	*2 330*

SCHOOL YEAR - SEPTEMBER 1963 to JUNE 1964

TABLE II.

FINDINGS OF MEDICAL INSPECTIONS - PAISLEY BURGH -

	No. of Defects	Nurses' Non-Routine Special Cases
1. CLOTHING -		
Unsatisfactory	5	4
2. FOOTWEAR -		
Unsatisfactory	15	-
3. UNCLEANLINESS -		
(a) Head	135	1,014
(b) Body	16	80
4. SKIN -		
(a) Head - Ringworm	-	-
Impetigo	3	2
Other Diseases	190	3
(b) Body - Ringworm	1	-
Impetigo	-	-
Scabies	1	33
Other Diseases	236	15
5. NUTRITIONAL STATE -		
Slightly defective	48)	-
Bad	3)	
6. MOUTH AND TEETH -		
Unhealthy	245	-
7. NASO-PHARYNX -		
(a) Nose - (i) Obstruction, requiring observation	22)	9
(ii) Obstruction, (probably adenoids), requiring operative treatment	) 12)	
(iii) Other conditions	140)	
(b) Throat - (i) Tonsils requiring observation	37)	2
(ii) Tonsils requiring operative treatment	18)	
(c) Glands - (i) Requiring observation	28)	-
(ii) Requiring operative treatment	4)	
8. EYES -		
(a) External Diseases - Blepharitis	49)	10
Conjunctivitis	2)	
Corneal Opacities	1)	
Strabismus	81)	
Other Diseases	15)	
(b) Visual Acuity - No. examined 5,342		
Referred for Refraction - 341		
9. EARS -		
(a) Diseases - Otorrhoea	16)	4
Other Diseases	104)	
(b) Defective Hearing - Grade I	2)	40
Grade IIa	-)	
Grade IIb	-)	
Grade III	-)	
10. SPEECH -		
Defective Articulation	54)	-
Stammering	8)	

SCHOOL YEAR - SEPTEMBER 1963 to JUNE 1964

TABLE II (continued).

FINDINGS OF MEDICAL INSPECTIONS - PAISLEY BURGH -

	No. of Defects	Nurses' Non-Routine Special Cases
11. MENTAL AND NERVOUS CONDITION -		
(a) Backward	4)	
(b) Dull	5)	
(c) Mentally defective (educable)	-)	-
(d) Mentally defective (ineducable)	-)	
(e) Highly nervous or unstable	11)	
(f) Difficult in behaviour	265)	
12. CIRCULATORY SYSTEM -		
(a) Organic Heart Disease -		
(i) Congenital	6)	
(ii) Acquired	-)	-
(b) Functional Conditions	22)	
13. LUNGS -		
Chronic Bronchitis	17)	
Suspected Tuberculosis	-)	-
Other Diseases	125)	
14. DEFORMITIES -		
(a) Congenital	37)	
(b) Acquired (Infantile Paralysis)	5)	-
(c) Acquired (Probable Rickets)	24)	
(d) Acquired (Other Diseases)	130)	
15. INFECTIOUS DISEASES	8	-
16. OTHER DISEASES OR DEFECTS	81	3

REFERRED TO SPECIALIST CLINICS

TABLE III.

Eye Specialist	341
E.N.T. Specialist	139
Audiometric Clinic	163
Orthopaedic Specialist	259
Skin Specialist	12
Remedial Exercises Clinic	229

CHILDREN TREATED AT MINOR AILMENT CLINIC

TABLE IV

	New Cases	Total Attendances
Injuries, Cuts, Bruises, etc.	52	76
Diseases of Ear, Nose and Throat	84	678
Diseases of the Eye	36	123
Diseases of the Skin	461	1.453
Other Conditions	302	-
Totals	*935*	*2,330*

MENTAL HEALTH

There is still a great deal to do before the provisions of the Mental Health Act are fully implemented, but sufficient is being done to provide a basis for expansion in future years. Liaison with the hospital services and general practitioners remains excellent, but more staff is required if more than routine work is to be carried out.

During 1964, thirty-one cases of mental illness were admitted to hospital all of whom were certified.

During the year there were no cases of mental deficiency certified. Four cases (two males and two females) were admitted to an institution.

It was not necessary to re-certify any defectives attaining the age of 16 years. No cases were placed under guardianship.

The waiting list for admission to an institution at the end of the year numbered four (two males and two females).

CHILDREN REPORTED BY THE EDUCATION AUTHORITY -

	Number reported during year	Number of cases now			Number of cases awaiting			Cases on which no action found necessary	Cases on which action found necessary but now completed
		attending local health authority or voluntary centre	receiving other form of care from local health authority	in hospital	place in an occupation or work centre	other local health authority care	hospital admission		
Children reported to the authority under Section 65 of the Education (Scotland) Act, 1962	-	-	-	-	-	-	-	-	-
Children reported to the authority under Section 66 of the Education (Scotland) Act, 1962	7	4	2	-	-	-	-	1	-

MENTALLY HANDICAPPED CHILDREN IN ORDINARY DAY NURSERIES -

Number of day nurseries attended by mentally handicapped children as well as other children (as at end of year)	Total number on register at end of year (all children)	Average daily attendance during year (all children)	Mentally handicapped children			
			Total number on register at end of year		Average daily attendance during year	
			Male	Female	Male	Female
3	172	144	5	6	5 2	2.6

MENTAL HEALTH SERVICES

GUARDIANSHIP, SUPERVISION AND AFTERCARE

PATIENTS UNDER GUARDIANSHIP OR INFORMAL CARE (as at 31st December, 1964) -

	Mental Defectives		Mentally Ill	
	Male	Female	Male	Female
1. No. of Persons under statutory guardianship for whom the authority are 'local health authority concerned' (whether resident in or outside the authority's area)	5	3	2	-
2. No. of Persons included in 1 under the guardianship of the authority	-	-	-	-
3. No. of Persons included in 1 resident outside the area of the authority	1	-	2	-
4. No. of Persons in the area who are not under guardianship but are receiving regular visits from the authority's staff	35	30	7	33

RESIDENTIAL ACCOMMODATION -

ACCOMMODATION PROVIDED BY THE LOCAL AUTHORITY -

	Name of home or hostel	Normal age group accommodated in the home or hostel	Number of places provided		Number of mentally disordered in residence at end of year		Number of admissions during year (mentally disordered persons)	
			M.	F.	M.	F.	M.	F.
Homes or hostels provided primarily for other purposes (a) Mentally Ill	Part III N.A. Act, 1948 R.A.I. Annexe	Elderly	62	45	14	12	7	10
(b) Mental Defectives	Part III N.A. Act, 1948 R.A.I. Annexe	Elderly	62	45	10	11	4	3

RESIDENTIAL ACCOMMODATION -

ACCOMMODATION PROVIDED BY ARRANGEMENT WITH OTHER BODIES -

	Number of homes or hostels in which accommodation provided during year	Number of mentally disordered in residence at end of year		Total number of admissions during year (Mentally disordered persons)	
		Male	Female	Male	Female
1. In homes or hostels specifically for the mentally disordered -					
(a) Mentally ill ..	-	-	-	-	-
(b) Mental Defectives ...	9	10	11	3	2
2. In homes or hostels primarily for other purposes -					
(a) Mentally ill ..	-	-	-	-	-
(b) Mental Defectives ...	1	1	-	1	-

NUMBER OF HOME VISITS 1st JANUARY 1964 - 31st DECEMBER 1964 -

Visits in respect of	By local authority's staff					By voluntary organisations under arrangements with the authority
	Medical Officers	Health Visitors	P.S.Ws.	Mental Welfare Officers	Others	
1. Mental defectives under guardianship	-	-	-	-	41	-
2. Mental defectives under informal supervision .	-	-	-	-	288	-
3. Mentally ill under guardianship	-	-	-	-	4	-
4. Mentally ill under informal care	-	90	-	-	188	-

SENIOR CENTRES -

	Address		Number of Places		Total number on register at end of year				Average daily attendance during year				Number of Sessions per week	Number of qualified staff		Number of other staff	
					Male		Female		Male		Female						
			M.	F.	w.t.	p.t.	w.t.	p.t.	w.t.	p.t.	w.t.	p t.		w.t.	p.t.	w.t.	p.t.
		O, W or C	(a)	(b)													
Centres provided by other bodies	Oakshaw	C	70	-	22	-	-	-	40	-	-	-	10	2	-	3	-
	Northcroft	O	-	34	-	-	16	-	-	-	30	-	10	1	-	3	-

Number of mental defectives over 16 considered suitable for a local health authority senior centre and awaiting a vacancy :

- Male; - Female.

TRAINING AND OCCUPATION (MENTALLY ILL) -

CENTRES - None Available.

Number of mentally ill persons considered suitable for a work or occupation centre and awaiting a vacancy :

9 Males; 20 Females.

WORK UNDER THE NATIONAL ASSISTANCE ACT

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June 1951, Speirsfield House was opened as an Old People's Home and in April 1957, Stanely House was opened to implement this accommodation.

The statistics for these Homes for 1964 were -

	Admitted		Discharged		Transferred to Hospital		Died		On Leave		Left of own accord	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Speirsfield House ...	6	5	-	-	2	2	-	1	1	2	2	-
Stanely House	4	9	-	-	2	8	-	-	2	3	-	-

Apart from those resident in Speirsfield House and Stanely House, others were cared for in such places as -

Royal Alexandra Infirmary Annexe; Barshaw Hospital;
Gleniffer Home;
Flanders House; and
With Other Local Authorities.

In addition to the aged and infirm the Town Council are responsible in whole or in part, for the care of certain handicapped persons in the Royal Alexandra Infirmary Annexe, Craw Road; The Epileptic Colony, Bridge of Weir; Cairnhill Home, Airdrie; and in various other Local Authority Institutions.

At the end of the year the Registers, which are maintained for certain categories of handicapped persons, showed the following figures:-

Number of Registered Blind Persons	158
Number of Deaf and Dumb Persons	96
Number of Physically Handicapped Persons (i.e. Cripples)	129

There was one Compulsory Removal during the year under Section 47 of the National Assistance Act, 1948

Another provision of the National Assistance Act is the power it gives to local authorities to care for and to protect the property of persons admitted to hospitals or other institutions. During 1964 four cases were dealt with.

Twenty burials of persons who had no relatives willing and able to bury them were carried out during the year.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961

Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of Inspections (3)	Number of Written notices (4)	Number of Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13*		-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	321#	106	8	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers premises)	18	43	8	-
Total	352	149	16	-

*Includes 1 Bakehouse.

#Includes 14 Bakehouses.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961

(continued)

2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3) ...	-	-	-	-	-
Inadequate ventilation (S.4) ...	-	-	-	-	-
Ineffective drainage on floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) -					
(a) Insufficient	2	2	-	-	-
(b) Unsuitable or defective ...	14	13	-	2	-
(c) Not separate for sexes ...	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total	16	15	-	2	.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

Part VIII of the Act

OUTWORK

(Sections 133 and 134)

Nature of Work (1)	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices Served (6)	Prosecutions (7)
Wearing Apparel - Making, etc. ...	1	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
Household linen ...	-	-	-	-	-	-
Lace, lace curtains and nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Electro-plate	-	-	-	-	-	-
File making	-	-	-	-	-	-
Brass and brass articles	-	-	-	-	-	-
Fur pulling	-	-	-	-	-	-
Iron and steel cables and chains	-	-	-	-	-	-
Iron and steel anchors and grapnels	-	-	-	-	-	-
Cart gear	-	-	-	-	-	-
Locks, latches and keys	-	-	-	-	-	-
Umbrellas, etc. ...	-	-	-	-	-	-
Artificial flowers ...	-	-	-	-	-	-
Nets, other than wire nets	-	-	-	-	-	-
Tents	-	-	-	-	-	-
Sacks	-	-	-	-	-	-
Racquets and tennis balls	-	-	-	-	-	-

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

Part VIII of the Act

OUTWORK

(Sections 133 and 134) *(continued)*

Nature of Work (1)	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices Served (6)	Prosecutions (7)
Paper Bags	-	-	-	-	-	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Brush making	-	-	-	-	-	-
Pea Picking	-	-	-	-	-	-
Feather sorting ...	-	-	-	-	-	-
Carding, etc. of buttons, etc. ...	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Basket making ...	-	-	-	-	-	-
Chocolates and sweetmeats	-	-	-	-	-	-
Cosaques, Christmas crackers, Christmas stockings, etc.	-	-	-	-	-	-
Textile weaving ...	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Total	1	-	-	-	-	-

HEALTH EDUCATION

A brighter note can be struck this year. The department acquired a new Bell & Howell projector which has been long awaited. It has been put to excellent use and has proved a most valuable adjunct to the standard lecturing techniques.

An increasing number of clubs and associations have asked for lectures by the Health staff, and of course the services of the Scottish Council for Health Education are in great demand.

The stage is now set for a real expansion of Health Education, and the time is ripe for the appointment of a Health Education Officer to co-ordinate the numerous activities at present being undertaken.

HOME SAFETY

The Home Safety Committee concentrated in 1964 on the education of the public, and a large number of talks and lectures were given by members of the Committee to groups and organisations. This form of Health Education is basic and will be developed.

A cinematographic projector was bought for part use by the Committee and has proved most valuable. It will be in heavy demand in the coming months.

The figures for accidents treated in the Royal Alexandra Infirmary are most interesting. They show very little change from last year, and once again the heaviest incidence falls in the age group 0 - 4 and 22 - 64 years. The mortality is low and is confined to the oldest age group.

ACCIDENTS IN THE HOME TREATED IN ROYAL ALEXANDRA INFIRMARY - 1964

Total new Patients treated initially in the Casualty Department	24,146
Total Burgh of Paisley Patients classified as accidents in the Home	2,299

				% of Home Accidents	Deaths
0 - 4 YEARS -					
Burns	119	16.1%			
Gassing	-	-			
Cuts and Sprains	290	39.2%			
Others	331	44.7%			
Total	740		740	32.2%	
5 - 15 YEARS -					
Burns	47	14.1%			
Gassing	-	-			
Cuts and Sprains	179	53.6%			
Others	108	32.3%			
Total	334		334	14.5%	
16 - 21 YEARS -					
Burns	21	12.0%			
Gassing	-	-			
Cuts and Sprains	88	50.0%			
Others	67	38.0%			
Total	176		176	7.7%	
22 - 64 YEARS -					
Burns	96	11.0%			
Gassing	3	0.3%			
Cuts and Sprains	435	49.9%			
Others	338	38.8%			
Total	872		872	37.9%	
65 YEARS AND OVER -					
Burns	13	7.3%			
Gassing	6	3.4%			1
Cuts and Sprains	38	21.5%			5
Others	120	67.8%			
Total	177		177	7.7%	

Accidents in the Home -	Treated in Casualty	1,958	
	Referred to Fracture Clinic ...	194	
	Admitted to Wards	147	2,299

		Treated in Casualty	Admitted to Wards	Deaths
0 - 4 YEARS	Burns	118	1	
	Gassing	-	-	
	Cuts and Sprains	283	7	
	Others	278	14	
5 - 15 YEARS	Burns	46	1	
	Gassing	-	-	
	Cuts and Sprains	178	1	
	Others	79	9	
16 - 21 YEARS	Burns	20	1	
	Gassing	-	-	
	Cuts and Sprains	87	1	
	Others	49	12	
22 - 64 YEARS	Burns	93	3	
	Gassing	1	2	
	Cuts and Sprains	431	4	
	Others	205	41	
OVER 65 YEARS	Burns	11	2	
	Gassing	3	3	
	Cuts and Sprains	35	3	1
	Others	41	42	5

Admitted to Fracture Clinic	
Years	
0 - 4 -	39
5 - 15 -	20
16 - 21 -	6
22 - 64 -	92
Over 65	37
	194

TOTAL ACCIDENTS IN THE HOME TREATED IN ROYAL ALEXANDRA INFIRMARY 1963/1964

	1963		1964		TOTALS		% OF HOME ACCIDENTS		DEATHS	
					1963	1964	1963	1964	1963	1964
0 - 4 YEARS -										
Burns	113 -	16.3%	119 -	16.1%						
Gassing	Nil	Nil	Nil	Nil						
Cuts and Sprains ...	341	49.1%	290	39.2%						
Others	240	34.6%	331	44.7%	694	740	31.9%	32.2%		
5 - 15 YEARS -										
Burns	48 -	15.1%	47 -	14.1%						
Gassing	Nil	Nil	Nil	Nil						
Cuts and Sprains ...	179	56.3%	179	53.6%						
Others	91	28.6%	108	32.3%	318	334	14.6%	14.5%		
16 - 21 YEARS -										
Burns	19 -	14.3%	21 -	12.0%						
Gassing	Nil	Nil	Nil	Nil						
Cuts and Sprains ...	81	60.9%	88	50.0%						
Others	33	24.8%	67	38.0%	133	176	6.1%	7.7%		
22 - 64 YEARS -										
Burns	86 -	10.1%	96 -	11.0%					1	-
Gassing	8	0.9%	3	0.3%						
Cuts and Sprains ...	489	57.3%	435	49.9%						
Others	271	31.7%	338	38.8%	854	872	39.2%	37.9%		
65 YEARS AND OVER -										
Burns	7 -	3.9%	13 -	7.3%						
Gassing	3	1.7%	6	3.4%					1	
Cuts and Sprains ...	67	37.4%	38	21.5%					1	1
Others	102	57.0%	120	67.8%	179	177	8.2%	7.7%	9	5

		1963	1964
Accidents in the Home -	Treated in Casualty ...	1,789	1,958
	Referred to Fracture Clinic	284	194
	Admitted to Wards	105 = 2,178	147 = 2,299

REHOUSING IN RELATION TO ILLNESS

The number of applications for rehousing on medical grounds remains high and present the Health Department with a formidable problem. Five hundred and thirty nine cases were investigated thoroughly in 1964 by visits of medical and nursing personnel and a considered opinion on the advisability of rehousing was given in each instance to the Special Cases Committee.

Details of these cases are given below:-

General Medical Cases -

510 considered.	187 granted (36.7%).	323 declined (63.3%)

Tuberculosis Cases -

29 considered.	20 granted (69%).	9 declined (31%)

The proportion of cases granted and declined remains fairly constant each year and reflects accurately the great care given to each case by the Special Cases Committee.

THE CARE OF THE ELDERLY

A residential home for frail elderly persons is being planned in co-operation with the Local Hospital Board and the Regional Hospital Board. The intention is to have a joint project which will integrate the various services presently carried out by the Local Authority and the Hospital Board.

As it is a new conception, planning is slower than might otherwise be the case, but progress is being made, and eventually the joint plan will take shape.

The Town Council have agreed to build two fifty bedded units for the fit elderly. and these will be a most welcome addition to the present accommodation.

The Housing Committee have taken into consideration the need for a greater proportion of single roomed and two roomed houses suitable for the elderly, and will incorporate these in their future plans.

DEATHS FROM LUNG CANCER

Year	Number of Deaths (resident in Burgh)			20 - 30 years	30 - 40 years	40 - 50 years	50 - 60 years	60 years and upwards
1955	31	Males ...	29	-	-	2	8	19
		Females ...	2	-	-	1	-	1
1956	36	Males ...	32	-	1	-	17	14
		Females ...	4	-	-	-	1	3
1957	39	Males ...	34	-	1	3	5	25
		Females ...	5	-	1	1	1	2
1958	46	Males ...	41	-	1	6	12	22
		Females ...	5	1	-	1	-	3
1959	52	Males ...	43	-	-	5	10	28
		Females ...	9	-	-	2	1	6
1960	46	Males ...	38	-	1	-	13	24
		Females ...	8	-	-	1	2	5
1961	56	Males ...	47	-	-	5	16	26
		Females ...	9	-	-	2	1	6
1962	59	Males ...	57	2	2	5	17	31
		Females ...	2	-	-	1	1	-
1963	39	Males ...	31	-	1	3	14	13
		Females ...	8	1	-	-	3	4
1964	51	Males ...	47	-	2	5	14	26
		Females ...	4	-	-	-	-	4

CIVIL DEFENCE

The first aid section continues to function satisfactorily, and training has been carried out throughout the year. Recruitment could undoubtedly be better but in all the circumstances is adequate.

The section members took part in a number of full scale exercises, and the standard of proficiency is high. A selected group received further training at Taymouth Castle to fit them for their duties in the section.

Arrangements for Dispersal were commenced, and are in reasonable order. Selected members of the Public Health staff attended a study group on Dispersal functions at Taymouth Castle.

THE FOLLOWING ARTICLE APPEARED IN 'PUBLIC HEALTH' AND IS REPRODUCED BY COURTESY OF THE JOURNAL.

THE WORK OF THE DIETITIAN IN A PUBLIC HEALTH DEPARTMENT

Bertha L. Mackenzie, S.R.D.
Dietitian
and
Kennedy Campbell, M.A., M.D., LL.B, D.P.H., L.M.,
Medical Officer of Health, Corporation of Paisley.

The recurrence of certain diseases of nutrition, such as rickets, within the population has focused attention on the necessity for adequate emphasis to be placed on the need for a well balanced diet. It had been thought that these diseases had disappeared and that only rarely would a mild form be encountered, but this hypothesis has been upset by immigrant groups who have not perhaps the necessary knowledge to ensure that an adequate diet is ingested.

For this reason Local Authorities, who have the duty of prevention of illness laid clearly upon them by the National Health Service Act, may be interested to learn of the way in which a dietitian carries out her work within a public health department, and of the benefits which accrue from her working there.

A dietitian was appointed in Paisley in 1946, the first appointment of its kind in Scotland, and since then she has been constantly engaged in the work of the ante-natal and child welfare clinics and in all the other clinical services of the local health authority. She acts as technical adviser to the M.O.H. on all questions connected with nutrition, i.e. at the various maternal and child welfare clinics, in the day nurseries, in the residential nursery and old folks homes, and in public health work generally. The work is largely of an educational nature but also involves the conducting of dietary surveys to co-relate feeding habits and nutritional studies. Pamphlets on dietary advice are drafted and issued at the clinics, and medical and nursing staff are kept informed of current nutritional developments.

Ante-natal and Child Welfare Clinics.

One of the most important parts of the dietitian's work is her attendance at local authority clinics where her skilled advice is used by the medical officers and health visitors.

Each patient paying her first visit to the ante-natal clinic is seen by the dietitian. The essentials of a good mixed diet are explained and it is stressed how important it is at all times to provide an adequate diet for all members of the family. The patient is then told about the extra foods that are recommended during pregnancy and is given a sheet with suggestions for a well balanced diet. The type and quality of food consumed during pregnancy are both investigated and, if need be, an investigation is carried out for a controlled dietary intake. This is especially important if toxaemia is suspected.

Health education is reinforced by a Nutrition Centre where talks, demonstrations and displays on food are given. The aim of the centre is to bring visually to the public the facts about nutrition and to stimulate in the community the development of a favourable attitude towards a protective diet. Facts are better remembered if they are in concrete form; to this end an exhibit of attractive dishes, made from a food that has been stressed as being of good food value, is a useful way of helping people to learn and remember. Young mothers have a most genuine interest in the welfare of their family and the ante-natal clinic fosters this. It is often found, especially amongst the mothers of problem families, that it is more lack of knowledge than real wilfulness that prevents them giving their families a balanced diet. The dietitian has a session each week in the centre where any nutritional problems which occur in normal healthy families are discussed. The Medical Officers of course consult the dietitian frequently when children present symptoms relating to nutritional imbalance, and should a child be referred to hospital, or alternatively should a child be sent home from hospital, with a special diet, then the dietitian acts as a liaison officer to ensure that the diet is adhered to.

School Health Service -

Children whose health defects are attributable to a faulty diet are referred to the dietitian by the school Medical Officers. Wherever practicable, return appointments are given and a check made on the progress and, if necessary, further recommendations made. It is noticeable that a high percentage of the children referred have been overweight and this symptom responds comparatively readily to diet. Moreover the contacts made in this way form an excellent way to arouse an interest in diet in the children and their parents.

Home Visits -

Home visits are made by the dietitian whenever the family doctor, health visitor or home nurse thinks that a visit might be beneficial. The dietitian is then able to assess what the patients can afford to buy and what facilities they have for the preparation of food. She will have the chance of being able to put over the need for the basic foods. Opportunities for nutritional research are numerous and working with the Medical Officers several social studies have been made. A recent one was the result of a diabetic survey carried out in Paisley. All the newly discovered diabetics were investigated together with an equal number of non-diabetics as a control and a picture built up of dietary habits. One of the most difficult problems of any survey is the follow-up, and here the dietitian has a very full programme of supervising diets of those found to be diabetic.

Visits to Institutions -

Surveys and assessments of the standard of catering are made by the dietitian in all the local authority institutions, day nurseries, residential nursery, old folks homes, etc. One of the useful facets of this work is that it provides a check on expensive or extravagant food consumed by these Institutions, and it provides the matrons with first class technical information on food preparation. Regular visits are paid to the nurseries to give guidance to the staff on nutritional standards and on the best use of available foodstuffs. It is hoped that when local authorities institute preventive clinics for elderly persons, the dietitian will be a key figure in preparing individual diets.

Welfare Foods Service -

The dietitian supervises the administration of the welfare foods service, checking the weekly and monthly returns and compiling forms.

CONCLUSIONS

It will be obvious that there is a wide field open to the dietitian in work for local health authorities and it is surprising that use has not been made of them to any extent. So far as is known only two local authorities in Britain employ a full-time dietitian on the staff, and considering the importance which is placed on a correct diet and the fact that health authorities are being asked increasingly to undertake work in the field of the elderly, it would seem clear that the dietitian should be a member of the public health department. She is in a unique position to advise family doctors in a subject where advice is most often required, and she has the skill to undertake research projects into nutrition which would otherwise be left untouched by local authorities. The experience in Paisley has shown that she can be a key worker in the health department and that more and more use of her services will be needed in the future.